

Join the Society that offers you more for a brighter future

Student Clinical Membership (SCM) is available to students at a Society recognised course undertaking supervised cases in the UK.

APPLY NOW – Only £84

Applying is simple, just fill in the application form (SC1) overleaf, have it signed by your College Principal, and return it to the office.

If your application is accepted, we will inform you of the fee (taking into consideration amounts already paid for student membership if applicable). It is possible to pay fees by monthly or quarterly direct debit and we will write to you concerning payment options available.

On receipt of your fee, your acceptance will be confirmed in writing and insurance commenced. A copy of your evidence of insurance and a policy document will then be sent to you. Don't delay, complete the application form, ask your College to countersign it and send it to the Northampton office address below. For further information contact Anne Mitchell on 01604 817890 or visit the 'Join Us' section of the Society's website.

Additional benefits for 2017

A free Lifelong Learning Workshop of your choice worth £40

MOVING ONTO REGISTERED MEMBERSHIP

SCM is valid from when your course provider approves and countersigns your application (form attached) until you complete your training and are eligible to move onto Registered Membership.

The Society's register is accredited by the Professional Standards Authority for Health and Social Care (PSA), under its Accredited Registers (AR) programme. As a registered member of the Society you will be able to display the Accredited Register quality mark, a sign to patients that you belong to a register that meets the Professional Standards Authority's robust standards.

For further information about registering with us contact Liz Wootliff on 01604 817890.

There's a great package of Student Clinical benefits waiting for you including:

Medical Malpractice, Public/Products Liability Insurance, Libel and Slander indemnity – £1 million cover

- Access to free, 24 hour, confidential legal and counselling help lines that will assist with issues affecting you as a student of homeopathy
- Access to the Society's list of homeopaths and colleges that offer student clinical observation
- Quarterly copies of the Journal, *The Homeopath*, full of useful articles, cases and provings
- Specially negotiated members discounts with homeopathic suppliers
- Access to FirstClass Mail our online intranet where you can chat to your peers, share jokes, or ask for advice on anything from setting up in business to answering student coursework questions
- Reduced rates to attend Society events
- Support and guidance from our Professional Conduct Department
- Regular student e-bulletins about current issues and events
- Access to the 'members' section of the website to help you plan for registration and your professional development.
- Association with a professional organisation.

To find out more about Student Clinical membership and the great benefits on offer contact:

Anne Mitchell on 01604 817890
or visit www.homeopathy-soh.org

STUDENT CLINICAL APPLICATION FORM

Please print details clearly

Forename(s) Surname

Title (Mr/Ms/Mrs/Dr - only if registered with GMC) Date of Birth

Address

..... Postcode

Phone (H) (W)

(Mobile) Email

Nationality Website

Have you been a Society member before? YES / NO When?

Name of College/Course

Current Year of Course (ie 1st) Full Time Part Time

Month and Year due to graduate

Do you have any nursing or midwifery qualifications (eg RGN):

FirstClass Mail - Please open a free FirstClass Mail account for me. I agree to abide by the Terms and Conditions of FirstClass Mail as detailed on the Society of Homeopaths website www.homeopathy-soh.org/for-homeopaths/society-communications/first-class-mail/

Tick box to receive news and events via e-bulletin

I apply for Student Clinical Membership on the basis that I am a student at a Society recognised course undertaking the clinical training component of that course in the UK, and my supervisor has been approved by my course provider. **I understand I will need to move on to Registered Membership on completing my homeopathic training.**

I agree to abide by the Society's Code of Ethics and Practice and will not utilise the name, goodwill or facilities of The Society for monetary gain, to enhance personal reputation, to solicit patients or to obtain personal benefit.

I understand that I will not be entitled to indicate my Student Clinical Membership by any form of title or initials.

Signed Date

Name of College

TO BE COMPLETED BY YOUR COLLEGE PRINCIPAL/AUTHORISED SIGNATORY

Date of applicant's commencement at college Current year of study (ie 1st)
(Please give details of any other colleges attended previously)

Date expected to complete studies Part time Full time

SUPERVISION INFORMATION - You may have more than one Supervisor, please ensure you have reached agreement with your supervisor and obtained approval of your Course Provider before completing this form.

Name of Supervisor/s

I confirm that - the applicant's supervisor is approved by the course provider and that I consider the applicant a suitable candidate for Student Clinical Membership of The Society.

Signed (college authorised signatory)

Print name Date