

THE ASSOCIATION & REGISTER OF COLON HYDROTHERAPISTS

Membership Application Form

Please complete this form, (**BLOCK CAPITALS PLEASE**) and return it to the address below for processing.

Legal Surname:..... **First Names:**

Professional Name (if different from above)

Address:
.....
..... **Post Code:**

Home Telephone: **Work:** **Mobile:**
Date of Birth:..... **Age:** **Marital Status:**

Practice address:
.....
..... **Post Code:**
Practice Telephone: **Email Address:** **Website:**

How long have you practised at this address: Are you a full time therapist or part time therapist, please state:

Please supply Name & Address and **telephone** numbers of study centre where Colonic Hydrotherapy course was taken, with dates(s).
Please enclose photocopy of certificate.

Details of other therapies practised, Name & Addresses and **telephone** numbers of study centres where certificates gained, with dates and length of course. Please enclose photocopies of your certificates to support your application.

Please supply a detailed CV and a current colour photograph of yourself. Please attach.

Please supply a detailed resume of how you became involved in alternative therapies and why you wish to join the Association.

Insurance: It is a condition of membership that all members have at least £2million professional indemnity insurance. Please state your Insurer's name, address, **telephone number**, type of insurance, level of cover and renewal date. Please enclose photocopy of the current Certificate of Insurance.

Please supply **Certificate of proof**, under the Data Protection Act 1998 showing that you have not been prosecuted nor have a criminal Conviction.

This information will be supplied to you by the police, under the Data Protection Act 1998. (There is a fee payable for this)

It s a condition of membership that you do not have a criminal conviction. It is important for members of the public to be reassured that the colonic therapist has no criminal convictions, especially relating to a sexual nature.

Membership fees: Membership fees are renewable on the 30th November for the following year 1st January - 31st December.

Declaration: I certify that the above information is correct. I agree to abide by the Constitution of the Association and Register of Colon Hydrotherapists, and to its Rules and Code of Ethics.

Signed:

Date:

Please return to:

Administrative Department ~ Rosemarie Groos, Peggies, Beach Road, Woolacombe EX34 7AE

tel. 01271 870436 e-mail: intshop@globalnet.co.uk

Please note your application form will not be processed if you do not supply all the details requested.