

BRCP Application Form

Please PRINT clearly using BLOCK CAPITALS in BLACK INK

Please use a separate Application Form for each therapy/discipline for which you wish to register**Therapy / Discipline for this application****Reference** (office
use)**Recommended by** (only complete if recommended by existing BRCP member)**Title****Forename/s****Surname****Address:****Town:****Postcode:****Country:****Date of Birth:****Email:****Website:****Social media:****Telephone:****Mobile:****Centre Name (if applicable) and tel. no.****NAME FOR CERTIFICATE** - Please PRINT your name, as you would wish it to appear on any listing/certificate

Title of Course:

Date of original course: from/...../..... to/...../.....

Name of Course Principal Lecturer/Tutor:**SECTION 1 Type of Teaching and Assessment – please tick all that apply****Methods**

- ☐ Classroom attendance (theory)
☐ Classroom attendance (practical work)
☐ Distance Learning
☐ Course Work
☐ Supervised Clinical Practice
☐ Case studies of actual treatments
☐ Other teaching methods (please provide details below)

Assessment Methods*Theory*

- ☐ by written examination
☐ by oral examination
☐ student presentation
☐ dissertation or thesis
☐ clinical case studies
☐ research papers
☐ portfolio of assignments and evidence

Practical

- ☐ students working with clients
☐ other (describe in course details)

Practical assessments are conducted by

- ☐ own tutors
☐ external examiner(s)
☐ both

Duration of course (in hours)

Practical Theory Case Study Supervised Practice Home Study **TOTAL**

Studied over a period of

..... years months

QUALIFICATIONS AND COMPETENCES		Yes	No	Details and Comments	
1	Have you completed more than 50 hours of clinical practice since training?			If No, how many hours have you completed?	
2	Are you a member of any specialist register(s)?			If Yes to either please detail on a separate sheet	
	Name:				
	Date of first registration: / /				
	Have you been in full/part time practice since this date?				
3	Do you participate in peer group supervision, in-service training and/or Continuing Professional Development (CPD)?				
4	Do you discuss your cases with other practitioners for peer support? If Yes please indicate:			<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> When the case so demands	
5	Will you accept a visit to your clinical premises by the BRCP if requested?				
6	Please provide to us anonymised case histories of 3 patients/clients showing a course of 3 treatments each			See Guidance Notes for details	
7	Have you taken a course/module in the management of a clinic?				
8	Do you make a diagnostic assessment of each client? (Please refer to Code of Ethics - Section 9 attached)				
9	Do you refer/receive clients to/from other professionals?				
10	Are you self-employed?				
11	Do you use essential oils in your practice?			If Yes how many oils are you qualified to use?	
12	Do you use and/or prescribe homoeopathic remedies in your practice?				
13	Do you use and/or prescribe any other natural medicines in your practice?			If Yes, please list on a separate sheet and attach it to this form.	
14	Do you use and/or prescribe vitamins and/or other supplements in your practice?				
15	Do you grow, distribute and/or prescribe herbs in your practice?				
16	Do you use electronic treatment of any kind in your practice?				
17	Do you take blood samples from your patients?				
18	Do you give injections to your patients?			If Yes, please give details on a separate sheet and attach it to this form.	
19	Do you use acupuncture needles in your practice?				
20	Can you always converse in English with your clients without the need for an interpreter?				

SECTION 2 – to be completed only by those applying for Senior Practitioner status on the BRCP

A	Have you been in continuous practice for 5 years or more? (Insurance covering this period will be accepted as proof)	Yes	No	Please provide copies of insurance documentation covering this period with your application.
B	Can you provide proof of having no malpractice or blemish against your professional practice? (Insurance covering this period will be accepted as proof)			Please provide copies of insurance documentation covering this period with your application.
C	Have you undergone Continuing Professional Development (e.g. research work, mentorship, providing clinical supervision, writing courses/papers, teaching/training in your discipline) during your career?			Please provide copies of certificates, diplomas etc. of CPD courses/ modules/workshops etc. with your application.

SECTION 3 - to be completed by all Applicants

THERAPIST/PRACTITIONER INSURANCE Please complete and tick **one** of the following

I am applying for insurance cover on the BRCP Block Insurance Scheme and have contacted Balens Insurance (Telephone No: 01684 580771– Affinities Department) <i>NB It is a requirement that you register with BRCP all therapies/disciplines that you are insured for on the BRCP Block Insurance Scheme.</i>	<input type="checkbox"/>
My insurance company is: and covers me for a minimum of £4 million (Public Liability and Malpractice insurance) Policy Number Insurance Expiry Date Please enclose a copy of your current insurance policy cover note and copies for each renewal	<input type="checkbox"/>
I do not have insurance	<input type="checkbox"/>

SECTION 4 - please answer if you are taking out or hold insurance through Balens

Yes No

Have you ever been convicted of, or charged (but not yet tried) with any criminal offence, other than motoring offences, or offences that are spent under the Rehabilitation of Offenders Act 1974?		
Have you ever had a proposal or renewal for insurance declined or cancelled; a policy voided, withdrawn or suspended, or special terms imposed by an insurer?		
Have you had any claims, or are you aware of any circumstances that could give rise to a claim under the policy, involving negligence, error or omission?		
Have you ever been the subject of a winding-up order or company/individual voluntary arrangement with creditors, or been placed into administration, administration receivership or liquidation?		
If the answer is yes to any of the above, please send us more information giving full details on a separate page		
Have you read, understood and agree to accept the Balens Terms of Business letter attached?		
By signing below, I declare that the statements and particulars in this application are true and complete. I have made a fair presentation of the risk and have not misrepresented or suppressed any material facts. I agree to the contract of insurance being prepared using the information I have supplied in this form along with any associated information I have supplied. I shall inform you of any material alteration to those facts and/or the information supplied before completion of the contract of Insurance.		
Signed:	Dated:	

APPLICATION FEES

The application fee to join the BRCP to list your first therapy/discipline is £140 (this includes the joining fee of £70 and the annual registration fee of £70). **Please note: only the £70 annual registration fee is refunded if the application fails.**

You may additionally apply to add extra therapies/disciplines. Each block of 3 is charged at £35 in total (one off fee). Your annual registration fee will remain at £70, inclusive of all registered therapies/disciplines.

In the event of a full examination or an assessment being required, the BRCP Registration Panel reserves the right to make an additional charge.

APPLICATION FOR MEMBERSHIP DECLARATION (must be completed by ALL applicants)

The BRCP is administered by The Confederation of Healing Organisations (CHO), Registered Charity No. 1119533. The CHO/BRCP does not, without your express consent, provide your personal information to any third parties for direct marketing purposes. Your personal data is held on secure databases as set out in our Privacy Policy, which can be found at www.the-cho.org.uk/privacy-policy/ or please contact us for a copy.

The BRCP offers a referral service for its Members. We receive many email requests, letters and phone calls asking for the details of our highly qualified Members. All our Members are also listed on our website www.brcp.uk if they wish.

☐ Please tick this box if you wish to be included on the online public register for BRCP referrals.

Please tick each relevant box:

☐ I confirm that the answers in this application are true and that I have not withheld any material fact.*

☐ I confirm that I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

☐ I have read the above statement and want to Gift Aid my donation of £ and **any donations I make in the future or have made in the past 4 years** to The Confederation of Healing Organisations (Reg. Charity No. 1119533)**
If you pay UK Tax, please help us to make a difference and tick the box, even if you're not making a donation now – we will keep your wishes on file – thank you.

☐ I consent to and understand that my records and details will be kept on an electronic database in accordance with the present UK Data Protection Act for the purposes of maintaining registration and the operation of the BRCP.

☐ I understand the conditions of the Application Fees as stated above in this form.

☐ If accepted, I agree to abide by the 'BRCP Code of Ethics and Practice', which I have read and understood.

☐ I understand that insurance on the BRCP Block Insurance Scheme is only valid whilst my BRCP Membership is maintained.

☐ I enclose a copy/copies of my course certificates.

☐ I enclose a copy of my current insurance cover note/s if applicable.

☐ I enclose / have authorised payment of £ and a donation of £ to The Confederation of Healing Organisations, making a total of £

Signed:

Dated:

*This means that you should answer all questions in full and not withhold or misrepresent any facts that are likely to influence the BRCP's assessment and acceptance of this declaration. You have a duty to disclose them and failure to do so could invalidate your registration.

** Please notify the Charity if you want to cancel this declaration; change your name or home address; no longer pay sufficient tax on your income and/or capital gains

Method of Payment – in £Sterling only please

Please tick one of the following:

- ☐ **Bank transfer (BACS)** (preferred) to British Register of Complementary Practitioners or BRCP

Barclays Bank

Account No. 40642266

Sort Code 20-45-45

Overseas Only:

SWIFTBIC – BUKBGB22

IBAN GB63 BUKB 2045 4540 6422 66

- ☐ **Cheque** made payable to British Register of Complementary Practitioners – please be aware that this can take an extra 10 days to process

Important: please quote your Registration Number on all methods of payment

Please note we can only accept hand-signed forms therefore please print off this form, complete, sign, scan/ photograph and send by email to: office@brcp.uk or by post to: British Register of Complementary Practitioners, PO Box 122, Wellington, TA21 1BX

Many thanks

Office use only

☐ Email receipt

☐ Insurance

☐ Fees

☐ Quals

☐ CH

☐ DB

☐ SS

☐ Inv Letter/Cert

British Register of Complementary Practitioners, PO Box 122, Wellington, Somerset TA21 1BX

Email: office@brcp.uk Tel: 0300 302 0715 Web: www.brcp.uk

Administered by: The Confederation of Healing Organisations

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