

INDIVIDUAL MEMBERSHIP APPLICATION FORM

- Please complete in **BLOCK CAPITALS** in black/blue ink.
- Make sure you complete ALL 3 pages and sign the Declaration on the Page 3.
- Please answer ALL questions and ENCLOSE all the documents requested. *If in doubt just phone or email us.*
- Please read the Rules & Regulations document for a full explanations of the requirement on this form.
- Please list the Therapies which you are qualified to practice and which you wish us to register for you on Page 2.

I wish to apply for membership as FULL Associate Affiliate Student

Write your details **CLEARLY** in **BLOCK CAPITALS** please

Mr/Mrs/Ms/Other _____ Your First Name _____ Middle Name _____

Surname _____

Home Address in full _____

Home Tel. No. _____ Mobile No. _____

Name of Your Practice (if any) _____

Practice Address in full _____

Practice Tel. No. _____ Your Website address (if any) _____

Your email (or email we can contact you on): _____

List Therapies you are applying for now: _____

*** Tick which details you would like us to put on your listing on our Website and for Referrals:**

Practice Home Mobile Email Website None

I wish to apply for the ARCHTI Insurance Scheme.

If currently insured, Name of Insurance Company _____ Policy Expiry Date _____ (attach copy)

- All Membership Categories have a Common Renewal Date of **16th February** every year.
Therefore, when joining during the year the following quarterly rates apply:-

DATE joining	17 Feb—16 May	17 May—16 Aug	17 Aug—16 Nov	17 Nov—16 Feb
FULL/Affiliate Fee	€80.00	€60.00	€40.00	€20.00
STUDENT/Associate Fee	€30.00	€25.00	€20.00	€15.00

Please do not write below this line—for official use only.

App. Fee € _____ (€15 for up to 3 therapies)—additional therapies costs €5 each cheque/cash/money order/draft/postal order/PayPal.

Date received _____ Copy Insurance attached :-Yes/No. Expiry Date _____

Signed: _____ for Membership Committee. Date: _____

Membership Fee € _____ cheque/cash/money order/draft/postal order/PayPal. Date received _____

Memb.Granted: FULL ASSOCIATE AFFILIATE STUDENT Membership No. _____

- If you need more space to list your therapies please copy this page and continue to list them—or you can ask us to send you additional pages.
- If your qualifications are not in the English Language please provide a **certified translation** of them.
- If your qualifications have been received from a **non-Irish or UK** Training Facility please contact them and have them provide you (or us) with information on who their training course is accredited by.

Therapies for which you wish to register:

Therapy (1) _____ **Qualifications Received** _____

Length in Practice _____ Full or Part-time _____

College/Training Facility Attended NAME: _____

ADDRESS: _____

Tel No. _____ Fax Number _____

Email Address _____ Website Address _____

Therapy (2) _____ **Qualifications Received** _____

Length in Practice _____ Full or Part-time _____

College/Training Facility Attended NAME: _____

ADDRESS: _____

Tel No. _____ Fax Number _____

Email Address _____ Website Address _____

Therapy (3) _____ **Qualifications Received** _____

Length in Practice _____ Full or Part-time _____

College/Training Facility Attended NAME: _____

ADDRESS: _____

Tel No. _____ Fax Number _____

Email Address _____ Website Address _____

Therapy (4) _____ **Qualifications Received** _____

Length in Practice _____ Full or Part-time _____

College/Training Facility Attended NAME: _____

ADDRESS: _____

Tel No. _____ Fax Number _____

Email Address _____ Website Address _____

PLEASE ATTACH COPIES OF EACH QUALIFICATION—no need to take out of frame if copy is clear enough to read

PLEASE NOTE: any of the above details which cannot be verified by the Membership Committee or the Officers of ARCHTI will not be accepted for registration so it is up to the Applicant to provide as much detail as necessary in order to have their Therapy registered.

Name of Professional Bodies (if any) of which you are a *Current Member*:- (give FULL Name and Initials used by them)

Please answer the following questions:-

Are you an Irish citizen? Yes No If “no” please state your Nationality _____

Are you an EU citizen? Yes No If “no” please state your Nationality _____

Have you Irish Government permission to live and work in Ireland? Yes No **Not Needed** If “no” then please ask us for additional forms.

Please note:- Non-nationals and those living outside the Republic of Ireland may be requested to submit a reference/recommendation from your Training School/Institute or another Association of which you are a Member.

If you have downloaded and printed these forms from the Internet or they are photocopied and you require further information before completing them please contact us and ask for details.

The following declarations MUST be ticked and the form MUST be signed below (otherwise your application will be returned to you or rejected).

I am aware of the Rules and Regulations regarding Membership of the Association of Registered Complementary Health Therapists of Ireland and agree to be bound by them and further understand that if the Association at any time deems me unfit to continue to be a Member for breach thereof that Membership can be revoked and notification of same be made to all the Association’s contacts.

I hereby grant permission to the Association of Registered Complementary Health Therapists of Ireland to contact any association/school/institute/training course director named above should verification of qualifications be required and in the event of same not being made available or being unacceptable shall accept that the Association has the right to refuse membership without further explanation.

I hereby grant permission to the Association of Registered Complementary Health Therapists of Ireland to contact any person/s, organisation, Government bodies, Police Forces, Military or whomsoever might be deemed necessary to investigate and verify the details contained in this application to be true.

Have you ever been convicted for unprofessional conduct or serious personal offences in Ireland? Yes () No ()

Have you ever been convicted for unprofessional conduct or serious personal offences in any other country? Yes () No ()

Are you currently under investigation for unprofessional conduct or serious personal offences in any country? Yes () No ()

Are you currently under investigation for unprofessional conduct or been disciplined by any school/organisation? Yes () No ()

If you have answered **YES** to any of the above questions please explain. _____

If you need more space please attach more pages or ask us for additional pages.

I apply to join ARCHTI and enclose the following:-

Copies of Qualifications

Copy of Current Insurance Policy (if already insured)

Reference (if applicable)

€ _____ **application fee** as cheque/bank draft/postal made payable to **ARCHTI** or will pay online through PayPal

Where did you hear about us? Google/Search Engine or School/College or Advertisement or ARCHTI Member or Facebook or Other

Signed: _____

Date: _____