



NRHP Membership Application Form 2017

Ground Floor, 34 Altrincham Road, Wilmslow, Cheshire, SK9 5ND
tel: 0161 635 3530 e-mail: admin@nrhp.co.uk website: www.nrhp.co.uk

Office Use Only
NRHP No:
Receipt No:
S/O:

Forename and initial(s): Surname:.....

Qualifications* (initials only):

**Please provide definitions of, and evidence for, any unusual qualifications. Any we are unsure of will be queried. Please limit yourself to five qualifications, including your hypnotherapy qualifications, due to limited space.*

PLEASE ENCLOSE A COPY OF YOUR DHP OR CHP, OR EQUIVALENT, FROM A UKCP ACCREDITED TRAINING ORGANISATION

Please state previous or current registration with, or membership of, relevant organisations with dates:

Category of Membership: FULL / ASSOC 1 / ASSOC 2 / ASSOC 3
STUDENT / NON-PRACT / OVERSEAS / NON-REG / RETIRED (Please circle)

PRACTICE ADDRESS – for inclusion in public Directory and Website

Address Does this address have disabled access? YES/NO

..... Post Code

Tel Mobile

e-mail website

(IF YOU HAVE MORE THAN ONE PRACTICE ADDRESS – PLEASE GIVE DETAILS ON A SEPARATE SHEET)

PRIVATE ADDRESS – if different from above. This will NOT appear in the Directory, but will be used to send correspondence.

Address

..... Post Code

Tel Mobile

e-mail website

INSURANCE – PLEASE ENCLOSE PROOF OF INSURANCE COVER

All practising NRHP members must be covered by appropriate professional indemnity insurance and must send a copy of their insurance certificate with their application, or forward on when obtained.

NB: Your membership will be void if you are not insured.

If Membership to commence after January 2017 – please see overleaf for table of pro rata payments

FULL/ASSOCIATE 1/2/3: Annual Fee: **£95.00** (please see overleaf for pro rata payments)

Non-regulated, Non-practising, Overseas, Student Member: **£55.00**

Retired: **£45.00**

Certificates are sent electronically. If you require a hard copy to be posted: **£5.00**

Membership fees can be paid by standing order – **instalment charge £1.00 per month**

Please see enclosed standing order mandate

PLEASE MAKE CHEQUE PAYABLE TO ‘NRHP’

TOTAL: £ _____

PLEASE USE BLACK OR BLUE INK -

NB: WE REGRET THAT THE NRHP CANNOT ACCEPT CREDIT/DEBIT CARD PAYMENTS OR POSTDATED CHEQUES .

PRACTISING MEMBERS – ADDITIONAL INFORMATION - In an effort to provide a better service to you, and to your potential clients who contact us for details of therapists, it would be useful if you could:

* List **up to five** specialisations (presenting problems or therapeutic approaches)

* List any foreign languages **spoken at a level of competence for practise**

* Please indicate if you are able to undertake home visits **YES / NO / Same Sex Only** (please circle)

NB: *If your premises don't have disabled access, you may be required, by law, to offer home visits for the disabled.*

* Please indicate if you take, or are you willing to take, NHS funded referrals from GPs **YES/NO** (please circle)

* Are you willing to act as a supervisor for Student/Associate Members? **YES/NO** (Full members only)

TABLE OF PRO RATA MEMBERSHIP FEES 2017			
Effective From	Practising any category	Non-Pract/Student/Overseas	Retired Member
1 st Jan	£95.00	£50.00	£45.00
1 st Feb	£87.08	£45.83	£41.25
1 st Mar	£79.17	£41.67	£37.50
1 st Apr	£71.25	£37.50	£33.75
1 st May	£63.33	£33.33	£30.00
1 st June	£55.42	£29.17	£26.25
1 st July	£47.50	£25.00	£22.50
1 st Aug	£39.59	£20.83	£18.75
1 st Sept	£31.67	£16.67	£15.00
1 st Oct	£23.75	£12.50	£11.25
1 st Nov	£15.83	£8.33	£7.50
1 st Dec	£7.92	£4.17	£3.75

SUPERVISOR'S DECLARATION: All practising, regulated members must provide the name, address and signature of their supervisor/peer supervisor – who is either a Full Member of NRHP or a UKCP/BACP registered therapist.

Supervisor's name NRHP No (if applicable)

If the supervisor is not an NRHP member please confirm membership of UKCP/BACP

Address

Tel: e-mail:

Supervisor Confirmation Statement: I confirm that I will act as supervisor/peer supervisor to the applicant, on a regular basis, as set out in 'A Guide to NRHP', and I agree to notify NRHP if supervision is discontinued.

Supervisor's signature Date

APPLICANT'S DECLARATION

I declare that I have read, and agree to abide by, the Code of Ethics and Practice and general terms, as published in the NRHP's 'A Guide to NRHP' and that the information I have given on this form is correct to the best of my knowledge.

NB: The Contingency Fee (see p15 of 'A Guide to NRHP') will not exceed £25.00 during the period Jan 1st to Dec 31st 2017.

In the event of my death or incapacity, I have made arrangements so that(name) can contact my outstanding clients to offer appropriate support and advice. (NB: This is a requirement for NRHP members who are UKCP registered.)

I agree to supply the NRHP, with this application, details of any of the following which apply to me:

- ▶ Any unspent and/or notifiable criminal conviction from any UK, or any other accredited criminal or military court;
- ▶ Any ongoing complaints proceedings (previous or current registering bodies may be contacted);
- ▶ Any expulsion from, or refusal of, membership of any register or professional body;
- ▶ Any other matter relating to my personal, professional or ethical conduct which may, if known about, be of significant value in determining whether or not to accept me for membership of the NRHP. I, furthermore, undertake to inform the NRHP should any of the above become applicable. I understand that my failure to meet this commitment in any particular may result in disciplinary action by the NRHP.

Applicant's signature Date

NB: Previous convictions, or other declarable matters, do not imply automatic refusal of your application. All cases will be judged on their type and gravity. False declarations will result in forfeiture of membership with no reimbursement of fees. All members must notify NRHP of any official complaint against them, on grounds of Ethics or Professional Practice, to any regulating body as soon as they become aware of the complaint. Failure to do so may result in disqualification of membership. Any complaints on events predating membership which arise after the member became regulated by NRHP are primarily the responsibility of the regulating body at the time of the event. Complaints involving accusations of serious criminal activity may result in immediate suspension from NRHP.

The National Register of Hypnotherapists and Psychotherapists

Ground Floor, 34 Altrincham Road, Wilmslow, Cheshire., SK9 5ND e-mail: admin@nrhp.co.uk www.nrhp.co.uk
Tel: 0161 635 3530



PLEASE RETURN THE MANDATE TO NRHP – DO NOT SEND TO YOUR BANK

Please fill in your name at the top of the standing order mandate below and indicate the date you wish payments to be made. Please give the name and full postal address of your bank (**clearly, in block capitals**), so that we can send the completed mandate to your bank, and give the name and account number of the bank account you wish to be debited and signature(s) authorising the mandate. We will complete the Office Use Only box. **There is a surcharge of £1.00 per payment.**

Name: NRHP No:

Please note: payments must be completed by 15th November 2017

Preferred payment date: 1st of the month 15th of the month

STANDING ORDER MANDATE – PLEASE COMPLETE BOX BELOW AND SIGN

Name of Bank	
Bank's Full Postal Address.....	
..... Post Code.....	
Name of Account to be debited	<input type="text"/>
Sort Code <input type="text"/>	Account No <input type="text"/>
Signature(s)	Date

OFFICE USE ONLY	Quoting Ref <input type="text"/>	*To the payee's bank: Please quote ref to NRHP's bank
The sum of:	Amount <input type="text"/>	
	Amount in words <input type="text"/>	
Commencing:	Date of first payment <input type="text"/>	
	and thereafter every	
	Due date and frequency <input type="text"/>	
	until further notice in writing or	
	Date of last payment <input type="text"/>	
OFFICE USE ONLY	and debit my/our account accordingly	

Please pay: **HSBC, Nelson, 40-34-47**

For the credit of: **National Register of Hypnotherapists and Psychotherapists Ltd (NRHP)**

Account No: 00008133

*To the payee's bank - The code in the 'Quoting Ref' box **MUST** be quoted to the NRHP's bank to ensure that NRHP can allocate the payments to the payee's account. Thank you.