

THE EUROPEAN REGISTER OF COMPLEMENTARY PRACTITIONERS



APPLICATION FOR INCLUSION

All applicants are requested to read these notes before completing the application. The application form is designed for use by practitioners in all disciplines of complementary medicine, and after completion should be sent to address at the bottom of with copies of relevant certificates.

Applicants must satisfy the Registration Panel of the EURCP that they fulfil the criteria required. Practitioners and Therapists will need to prove to the EURCP panel that they are suitably qualified to a High Level of Competence. Please ensure that you enclose copies of your certificates with your application form. The EURCP reserve the right to refuse inclusion to the Register.

Basic entry is Free for Practitioners Therapists Healers Mediums and Training Centres and includes: Name, Address, Telephone Number, Email Address. Just email us with your details for basic entry.

Enhanced entry is a one off only charge of £10.00 for Practitioners Therapists Healers Mediums and Training Centres and includes: Therapy, Name, Address, Telephone Number, Live Email and Website Link .

Futher Therapies can be included at a one off charge of £1.00 per Therapy. Please send details and cheque for enhanced entry made out to "The C.H.A" to:

A Certificate of membership of the register is available at a one off cost of £5.00 including postage and packaging.

Please note. All cheques to be made out the Complementary Healing Association

The European Register of Complementary Practitioners is administered by the

C.H.A. Registered charity no 1065905

All Correspondence to be addressed to:

C.H.A
PO Box 839
Bognor Regis
PO21 9GU

E-Mail healistic@btconnect.com

APPLICATION FOR ENTRY TO THE EURCP

Please enter below your name and address for which this application applies. For those who practice more than one therapy please use reverse of form for further therapies.

Title.....Name.....

Address.....

.....Postcode.....Tel.....

Therapy For listing..... *(Please enclose or email a copy of your Certificate).*

E mail..... Web site

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

The EURCP does not sell practitioner details to third parties for commercial gain.

The EURCP and the C.H.A. offers a referral service for its practitioners. We receive email requests and phone calls asking for the details of our Qualified Practitioners.

I confirm that the answers above are true and I enclose my payment of £10 for enhanced entry (unless other therapy listings or a certificate are required).

If accepted, I undertake to abide by my Parent Organisations Code of Ethics and Practice. And that if I am removed from that Organisation for a disciplinary reason then my registration on the EURCP will be terminated.

*Please note. All cheques to be made out the Complementary Healing Association and send to: C.H.A
PO Box 839
Bognor Regis
PO21 9GU*

Signature:..... Date

For Office Use Only

Documents Rec.....

Cheque Rec.....

Receipt Sent.....