

APPLICATION FORM for ASSOCIATE MEMBERSHIP

Section 1
Personal details
Title (Mr/Mrs/Miss/Ms/Dr etc)
Legal Surname <small>(if this has been changed other than by marriage please provide certified evidence)</small>
Forename(s)
Male/Female
Date of Birth dd/mm/yyyy
Nationality
Home address
Postcode
Home telephone
Mobile telephone
Website
E-mail address
Is English your first language? <small>If not give level of competency and provide a certificate if applicable</small>

SECTION 2
Professional details
Are you qualified to practise any other therapies? If so please give details of your other professional and academic qualifications
If you are in practice, please give details of your practice address(es) with postcodes
Practice telephone
Practice e-mail address
Practice mobile telephone <small>(if different to Section 1)</small>
Practice website address <small>(if different to Section 1)</small>
List any current association memberships

SECTION 3
Professional Education
Name & contact details of Nutrition Advisor education institution

Date of qualification <i>(please provide a copy of your certificate)</i>
If you are furthering your studies in Naturopathic Nutrition or Naturopathy please give course details
If you are in professional practice you will need to provide a copy of your current First Aid certificate if you have one. If you have not already completed an appropriate course, you will need to do so before you renew your membership and should provide a certificate with the renewal application. The minimum requirement is to attend a basic first aid course (usually a one-day course). First Aid certificates are valid for 3 years

SECTION 4 Professional Indemnity Insurance & claims history Please answer this section if you are in professional practice. If not, please move to Section 5
If you are in professional practice, you will need to provide evidence of your insurance indemnity, including the name and contact details of your insurer, for minimum £3million professional indemnity cover and public liability cover, e.g. copy of your current insurance certificate or block scheme membership. <i>If you require professional insurance indemnity please ask for details of the Association's block scheme</i>
Have you had any claims made against you with respect your practice? YES/NO
Are there any current claims outstanding against you or have you any reason to believe that a complaint or claim may be made against you at this time? YES/NO
Have you ever been party to civil proceedings related to your professional practice? YES/NO
Have you ever had insurance refused or subject to loaded terms or increased premiums? YES/NO
Have you ever been disciplined by a professional or regulatory body in the UK or overseas? YES/NO
Have you ever been struck off any professional register? YES/NO
Have you ever been convicted of a criminal offence in the UK, or in any other country? YES/NO
If you answer YES to any of the above, please give full details on a separate sheet.

SECTION 5 Supporting evidence
Health & Fitness
Do you have any medical problem, other than minor illnesses, either physical or mental, which could impinge upon your ability as a Nutrition Advisor? YES/NO
Confirmation of Identity
Please provide a photocopy (NOT the original) of your photo-ID driving licence or Passport (just the page with identity details and photograph) or any similar form of photo-ID

**SECTION 6
Declaration**

If Nutrition Advice is part of your practice, by making this application you are confirming that you agree to abide by the NNA Code of Conduct and Ethics available to download online at www.nna-uk.com

I confirm that I will immediately advise the NNA of any change of circumstance affecting my practice.

Signature and date

**SECTION 7
Fees 2011 - 2012**

Associate Membership payment is *pro rata* on a 6-month basis, running from 01 September 2011 to 31 August 2012

Please tick the appropriate box below

£45 if joining September to February inclusive	<input type="checkbox"/>
£25 if joining March to August inclusive	<input type="checkbox"/>

- Please make cheques / postal orders payable to “Naturopathic Nutrition Association” and include the payment with your completed application.
- To make payments by credit card: We will send you an invoice by email to enable you to make a credit card payment via Paypal Invoicing. You don't need to have a Paypal account to use this simple method of payment.

**Please return this completed application to:
Naturopathic Nutrition Association, PO Box 728, Exeter, Devon, EX1 9QY**

Please check to ensure you use the correct postage for the size and weight of envelope.

Checklist of supporting documents:

- This completed application form.
- Certified evidence of any change of name (if applicable)
- English language competency certificate (if applicable)
- Copy of qualification certificate.
- If you are in practise – a copy of First Aid appointed persons or higher certificate. (If currently available)
- If you are in practise – a copy of current professional indemnity and public liability insurance certificate or block scheme registration policy certificate (if you would like to take advantage of the NNA's block insurance scheme, please ask for details)
- Legible and clear photocopy of your photo-ID
- Fee if paying by cheque or postal order