

**APPLICATION FORM for FULL MEMBERSHIP**

**Application for membership at the level of:**

Naturopathic Nutritional Therapist

Nutritional Therapist

**Please tick the appropriate box above**

**Section 1**

**Personal details**

Title (Mr/Mrs/Miss/Ms/Dr etc)

Legal Surname

(if this has been changed other than by marriage please provide certified evidence)

Forename(s)

Male/Female

Date of Birth dd/mm/yyyy

Nationality

Home address

Postcode

Home telephone

Mobile telephone

E-mail address

Website address

Is English your first language?

If not give level of competency and provide a certificate if applicable

**SECTION 2**

**Professional details**

Practice address(es) with postcodes:

Practice telephone

Practice e-mail address

Mobile telephone (if different to Section 1)

Website address (if different to Section 1)

How long have you been practising Naturopathic Nutritional Therapy or Nutritional Therapy?

Details of other therapies practised

List current association memberships

### SECTION 3

#### Professional Education

Name & contact details of Nutrition education institution

Date of qualification

*(please provide a copy of your certificate)*

Please give details of any further study in Naturopathic Nutrition or Naturopathy (give course details & dates)

Please give details of any other professional and academic qualifications

**Please 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 provide evidence, 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. *If you do not already have professional insurance indemnity please ask for details of the Association's block scheme*

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 professional 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.

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| <b>SECTION 5</b>  |  |
| <b>Supporting evidence</b>  |  |
| <b>Police Record Check</b>  |  |
| Please provide a copy of your "Data Protection Subject Access Request" if you already have one. This allows individuals to ask to see the information about them that is held on police records. The application is obtainable from your local police station or County Constabulary HQ and requires proof of your ID and your addresses for the last 10 years. Ask for a 'Data Protection Subject Access Request' form. The charge is about £10. Or go online to <a href="http://www.disclosurescotland.co.uk">www.disclosurescotland.co.uk</a> and follow the instructions - the charge for this method is a little more. |  |
| <b>If you have not already applied for this document you will need to do so before you renew your membership and should provide a copy with the renewal application.</b>  |  |
| <b>Health &amp; Fitness</b>   |  |
| Do you have any medical problem, either physical or mental, which could impinge upon your ability to practise nutrition? <span style="float: right;">YES/NO</span>  |  |
| If you answer YES, please give details on a separate sheet.   |  |
| <b>Confirmation of Identity</b>   |  |
| Please provide a photocopy (NOT the original) of your photo-ID driving licence or Passport (just the page with identity details and photograph), or other similar form of photo-ID.   |  |

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| <b>SECTION 6</b>   |  |
| <b>Declaration</b>   |  |
| I agree to abide by the NNA generic Code of Conduct and Ethics available to download online at <a href="http://www.nna-uk.com">www.nna-uk.com</a>  |  |
| I confirm that I meet the minimum standards laid out in the generic NOS (CNH1 & CNH2) and profession-specific NOS (CNH8 & CNH9) and current profession-specific standards, rules and code of ethics of my Professional Association. For NOS see <a href="http://www.nna-uk.com">www.nna-uk.com</a> |  |
| I confirm that I will immediately advise the NNA of any change of circumstance affecting my practice.  |  |
| Signature and date   |  |

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| <b>SECTION 7</b>   |                          |
| <b>Fees 2010 - 2011</b>  |                          |
| Listed below are the <b>introductory membership fees for 2010-2011</b> . <i>Annual membership for 2011-2012 will be £80 – this includes the fee the NNA pays on the behalf of members to the General Naturopathic Council (GNC) and which entitles you to apply for registration with the GNC without a further annual payment.</i> Full Membership payment is <i>pro rata</i> on a 4-month basis, running from 01 September to 31 August. |                          |
| Please tick the appropriate box below  |                          |
| £80 if joining September to December inclusive   | <input type="checkbox"/> |
| £55 if joining January to April inclusive  | <input type="checkbox"/> |
| £30 if joining May 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 the 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.
- Copy of First Aid appointed persons or higher certificate. (If currently available)
- Copy of your Data Protection Subject Access Request certificate of proof (If currently available)
- Copy of current professional indemnity and public liability insurance certificate or block scheme registration policy certificate (if you are not currently insured and would like to take advantage of the NNA's block insurance scheme, please ask for details – your membership application cannot be completed until we have confirmation of your insurance)
- Legible and clear photocopy of your photo-ID
- Fee if paying by cheque or postal order