

GNC REGISTRATION APPLICATION PILOT FORM

For use by members of registering bodies of the General Naturopathic Council

Section 1.
Personal details
Legal Surname <small>(if this has been changed please provide certified evidence)</small>
Previous name or professional name
Forenames
Title
Gender
DOB
Marital status
Nationality
Home address
Postcode
Home tel
Mobile tel.
E-mail address
Is English your first language? <small>If not give level of competency</small>

Application for entry to which register/sub-register (please tick)
<input type="checkbox"/> Naturopathic Practitioner
<input type="checkbox"/> Associate Naturopathic Practitioner

SECTION 2.
Professional details (which may be used on register):
Practice address(es) with postcodes:
Tel
E-mail
mobile tel.
Website address

Brief work history

How long have you been practising Naturopathy/Naturopathic modalities?

Details of other therapies practised

Is Naturopathy your main occupation?

Details of other professional qualifications

List current association memberships

SECTION 3.

Professional Education:

Name & contact details of Naturopathic Education institution

Full or part time training

Hours of supervised theory study

Hours of supervised clinical study

Date of qualification

(please provide a copy of your certificate)

Further Naturopathic study

(give course details & dates)

Other professional and academic qualifications

Please provide a current Appointed persons First Aid certificate.

SECTION 4.**Professional Indemnity Insurance & claims history**

Please provide documentary evidence, including the name and contact details of your insurer, for minimum £2million professional indemnity cover and public liability cover.

Have you had any claims made against you with respect your practice?
YES/NO

Are there any current claims outstanding against you?
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, Europe or overseas?
YES/NO

If you answer YES to any of the above, please give full details on a separate sheet.

SECTION 5. Supporting evidence**Character reference**

Please provide a signed and dated written character reference provided by a person of standing in the community* who is not a relative and who has known you for three years or more. The referee must detail their name, address, telephone contact and occupation. A fee may be payable for this.

* e.g. Medical Doctor, Solicitor, Accountant, Bank manager, Justice of the Peace, a religious official, the Principal of the institution which granted you an approved qualification.

Criminal Records Bureau Certificate of Proof

Please provide a "subject access request" detailing any convictions, cautions, reprimands or final warnings obtainable through your local police under the 1998 Data Protection Act (there is a fee payable for this).

Health & Fitness

Do you have any medical problem, other than minor illnesses, either physical or mental, which could impinge upon your ability to practise Naturopathy?
YES/NO

Do you regularly take prescribed pharmaceutical medication(s), including those for psychological conditions, or recreational drugs ?
YES/NO
If YES, please give details on a separate sheet.

Please provide a confidential health reference from a health care professional (e.g. your GP, naturopath or other recognised practitioner who has known you for at least three years, or who has access to your medical records for the last three years) . This reference should attest your fitness to practise. A fee may be payable for this.

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). If unavailable, please send two passport-sized photographs of yourself, one signed by a responsible person who has known you for at least two years. The same person should give their address and contact details.

**SECTION 6.
Declaration**

I agree to abide by the CNHC generic Code of Conduct and Ethics (yet to be finalised)

I agree to abide by the requirements for CNHC registration and professional standard statements (to be drawn up)

Fee to enclose (TBC)

Signature and date

Checklist of supporting documents:

- 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.
- Copy current professional indemnity and public liability insurance certificate.
- Original character reference.
- Original confidential health reference.
- Legible and clear photocopy of your photo-ID driving licence OR passport OR witnessed and signed photograph in duplicate.
- Fee