

To be completed by the Applicant. Please use a separate Application Form for each discipline/therapy that you wish to register for. The ICNM welcomes applicants wishing to join the BRCP, who meet with certain criteria, to become *Senior Practitioner members on the BRCP*. As you would expect, in awarding Senior Practitioner status, the ICNM must satisfy itself that those who are recognised at this level are of a high calibre. That is why the ICNM requires evidence of quality practice as set out in this application form on page 3.

<b>Main Practice for which this application applies</b>	<b>Reference</b> (office use)
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**Recommended by** (Only complete if recommended by existing BRCP member)

<b>Title</b>	<b>Forename/s</b>	<b>Surname</b>
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<b>Optional</b>	<b>Date of Birth</b>
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Address

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Town	Postcode	Email
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Telephone	Mobile	Fax
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**NAME FOR CERTIFICATE** - Please PRINT your name, as you would wish it to appear on any certificate  
NAME:

**Title of Course:**

Date of original course: from ...../...../..... to ...../...../.....

**Name of Course Principal Lecturer/Tutor:**

**Type of teaching and assessment – please tick which elements apply**

Teaching Methods

- Classroom attendance (theory)
- Classroom attendance (practical work)
- Distance Learning
- Course Work
- Supervised Clinical Practice
- Case studies of actual treatments
- Other teaching methods  please provide details \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Assessment Methods

Theory

- by written examination
- by oral examination
- student presentation
- dissertation or thesis
- clinical case studies
- research papers
- portfolio of assignments and evidence

Practical

- students working with clients
- other  (describe in course details)

Practical assessments are conducted by

- own tutors
- external examiner(s)
- both

**Duration of Course**

Practical Hours  Theory Hours  Case Study hours  Supervised Practice

Home study hours  **Total Hours**  State if course is over an extended period:

**Additional Information** - If you wish to provide any further information please attach a separate sheet.

QUALIFICATIONS AND COMPETENCES		Yes	No	Details and Comments
1.	Have you completed more than 50 hours of clinical practice since training?			If No, how many hours have you completed?
2.	Are you a member of any specialist register(s)? Name:..... Date of first registration / / Have you been in full time practice since this date?			If Yes please give details on a separate sheet and attach it to this form.
3.	Do you accept the principle of peer group supervision and in-service training?			
4.	Do you discuss your cases with other practitioners for peer support? If Yes please indicate.....			<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> When the case so demands
5.	Will you accept a visit to your clinical premises by the BRCP, if requested?			
6.	Will you provide case histories of patient treatments under confidential cover, if so requested?			
7.	Have you taken a course/module in the management of a clinic?			
8.	Do you make a complementary diagnosis of each patient? <b>(See Code of Ethics - Section 9)</b>			
9.	Do you refer/receive patients to/from other professionals?			
10.	Are you self employed?			
11.	Do you belong to a Trades Union?			
12.	Do you use essential oils in your practice?			If Yes how many oils are you qualified to use?
13.	Do you use / prescribe homoeopathic remedies in your practice?			
14.	Do you use / prescribe any other natural medicines in your practice?			If Yes, please list...
15.	Do you use / prescribe vitamin / supplements in your practice?			
16.	Do you grow and/or distribute / prescribe herbs in your practice?			
17.	Do you use electronic treatment of any kind in your practice?			
18.	Do you take blood samples from your patients?			
19.	Do you give injections to your patients?			If Yes, please give details on a separate sheet and attach it to this form.
20.	Do you use acupuncture needles in our practice?			

**This section is to be completed only by those applying for Senior Practitioner status on the BRCP**

21.	Have you been in continuous practice for 5 years or more? (Insurance covering this period will be accepted as proof by the ICNM)			Please provide copies of insurance documentation covering this period with your application.
22.	Can you provide proof of having no malpractice or blemish against your professional practice? (Insurance covering this period will be accepted as proof by the ICNM)			Please provide copies of insurance documentation covering this period with your application.
23.	Have you undergone Continuous Professional Development (CPD) (i.e., research work, mentorship, providing clinical supervision, writing courses/papers, and teaching/training in their discipline) during your career?			Please provide copies of certificates, diplomas etc of CPD courses, modules, workshops etc with your application.

**PRACTITIONER INSURANCE** Please tick one of the following which applies:

I have practitioner insurance which covers me for a minimum of £2.5 Million (Public Liability and Malpractice insurance) Insurance Company Name:..... Policy Number ..... Insurance Expiry Date ...../...../..... <b>Please enclose a copy of your current insurance policy</b> cover note and send us an updated cover note annually each time your insurance is renewed.	Please Tick <input type="checkbox"/>
I am applying for insurance cover on the <b>ICNM Block Insurance Scheme</b> and have contacted <b>Balens Insurance</b> .	<input type="checkbox"/>

**APPLICATION FEES**

The application fee to join your first Division of the BRCP is £140 (this includes the administration charge of £70 and the annual registration fee of £70). **Please Note: Only the £70 administration fee is refunded if the application fails.**

Applications for (up to another 3) additional BRCP Divisions or Practises are then charged at £35 (one off fee).

In the event of a full examination or an assessment being required, the BRCP Registration Panel reserves the right to make an additional charge for that service.

**APPLICATION FOR MEMBERSHIP DECLARATION (Must be completed by all applicants)**

The ICNM/BRCP does not sell practitioner details to third parties for commercial gain. However, the ICNM/BRCP co-operates with other charities/organisations and may share practitioner details where we feel it is in the best interests of the practitioner.

Tick the box if you **do not** wish to be included for this service.

The ICNM/BRCP offers a referral service for its Members. We receive many email requests, letters and phone calls, asking for the details of our highly qualified Members. All our Members are also listed on our website [www.icnm.org.uk/practitioners](http://www.icnm.org.uk/practitioners).

Tick the box if you **do not** wish to be included for ICNM/BRCP Referrals.

