



# BRCP Student Membership Application Form

Please PRINT clearly in BLOCK CAPITALS

Student Membership of the BRCP is available only to those students who are training on a course leading to a Professional Qualification. Such Students can take advantage of Student insurance on the ICNM Block Insurance Scheme. This is arranged through Balens tel:01684 893006. Students, who are fully qualified in another therapy and still practising while training, should arrange for student insurance cover on their existing policy.

On the successful completion of the course Student Members will be eligible to join the BRCP as a Full Member at a reduced fee of £80 instead of the normal £140. In order to qualify for this special rate, you must have started your BRCP Student Membership at least 6 months before the date of your final exam and you must choose to Upgrade within 2 months of successfully completing your course

This form is to be completed by Applicant. Please state below the name of your therapy for which this application applies. Please use a separate Application Form for each therapy that you wish to apply for.

<b>Complementary Medicine/Therapy being taught</b>	<b>Reference</b> (office use)
--	-------------------------------

Title	Forename/s	Surname
-------	------------	---------

Address

Town

Postcode

Email

Telephone

Mobile

Fax

Name of Course

***This form must be validated either by a Tutor's signature, Course Stamp or a letter confirming enrolment onto the course***

Name of Organisation..... ..... Course Start date..... Course end date ..... Name of tutor / s ..... Tutor's Signature:.....	Course Validation Stamp Here 
---	----------------------------------

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

I am not insured on the ICNM Block Scheme but I do have alternative insurance which covers me for a minimum of £2.5 Million (Public Liability and Malpractice insurance)	Please Tick  <input type="checkbox"/>
--	---

Insurance Company Name .....

Policy Number ..... Insurance Expiry Date ...../...../.....

**Please enclose a copy of your current insurance policy** cover note and send us an updated cover note annually each time your insurance is renewed.

I am applying for student insurance cover only on the <b>ICNM Block Insurance Scheme</b> and have contacted <b>Balens Insurance</b> .	<input type="checkbox"/>
---	--------------------------

I do not have insurance	<input type="checkbox"/>
-------------------------	--------------------------

