



ICNM Affiliation Application for Clinics

Please PRINT clearly in BLOCK CAPITALS

General guidelines for completing this form

There are 6 sections to this form. Sections 1 to 5 should be completed by the Proprietor of the Clinic. Please see separate guidance notes provided.
 Section 1 asks for general information
 Section 2 asks for staff BRCP membership details
 Section 3 gives the payment details
 Section 4 is the documentation the ICNM requires you to submit with your completed application form
 Section 5 asks for Clinic Registration listing details
 Section 6 is the ICNM's Terms and Conditions for Affiliated Clinic Registration

Section 1 – general information and contact details

Name of Clinic Proprietor(s):

Contact name (if different from above):

Position/Title:

Name of Clinic

Address of Clinic

Town:

County:

Post code:

Telephone:

Fax:

Email:

Contact Address of Proprietor (if different from the Clinic):

Town:

County:

Post Code:

Telephone:

Mobile:

Email:

Section 2 – BRCP member details		
Are all of your clinical staff BRCP members?	Yes	No
If any member of your clinical staff is <u>not</u> a BRCP member, they must join – please contact the ICNM for a registration form.		

Name of your clinical staff (BRCP member):	BRCP Membership number:	Official use

Section 3 – payment details																					
ICNM Affiliated Clinic registration fee - £100 per year																					
Method of Payment (please tick) Please make all Cheques payable to BRCP																					
<input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Paid over Telephone																					
Date / /																					
For Credit/Debit Card transactions you can complete the form below or call the ICNM on 020 7922 7980																					
Payment by Credit/ Debit Card																					
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Other; please specify - AMEX Not Accepted																					
Valid from:/..... Expiry date:/..... Name of Cardholder:																					
Card No.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>																				
Signed:	Date:																				

Section 4 – copy of documents required by the ICNM for BRCP Affiliation Registration	
Documents	Official
Appropriate Public Liability Insurance for your Clinic	

Section 6 – please keep this section or take a copy of it for your records

Terms and Conditions for Clinic Affiliation and continuation of registration

1. The Clinic Proprietor (the signatory on this application) undertakes and warrants that he or she will:

- 1.1 Ensure that all details on this application form are correct;
- 1.2 Guarantee that all members of staff (complementary medical therapists and/or practitioners – not administrative) working on their premises are registered BRCP member therapists/practitioners;
- 1.3 Notify the ICNM of any changes and/or amendments made to the Clinic membership (complementary medical therapists and/or practitioners working there – not administrative), after it has been registered as an ICNM BRCP Affiliated Clinic;
- 1.4 Notify all new members joining their clinical staff that they are required to join the BRCP register as a therapist or practitioner;

2. Standards, Complaints and Audit

- 2.1 The ICNM retains the right to verify that the Quality Assurance (QA) systems of the Clinic are maintained to a good standard. This includes the right to request from the Proprietor, any information and/or documents relating to Health and Safety of the Clinic (procedures, facilities and public liability insurance) or by an ICNM representative attending (by arrangement) the Clinic to report in detail on the QA systems it operates;
- 2.2 In the event that the ICNM receives a complaint about any aspect of the Clinic, the ICNM will write to the Proprietor of the Clinic, setting out the details of the complaint, and the Proprietor (or authorised representative), must respond within 15 days, answering the issues raised and setting out any remedial action it proposes to undertake to satisfy the complaint;
- 2.3 In the event that the ICNM receives a complaint about an individual member of the Clinical staff, which is not related to the actual Clinic, then the usual BRCP (member) complaint's procedures will apply;

3. Term and Termination

- 3.1 ICNM BRCP Affiliated Clinic Registration fees are paid annually. The fee is £100 per year, per individual Clinic;
- 3.2 The ICNM registers Clinics on a yearly basis. A short update report is required each year for re-registration, plus proof of health and safety documents/insurance;
- 3.3 The ICNM retains the right to withdraw registration of any Clinic where, in its opinion:
 - the Clinic no longer meets the criteria as set out in the original application;
 - the Clinic's staff have been changed without informing the ICNM and they are not BRCP members;
 - the Clinic Proprietor has not responded satisfactorily to correspondence sent by the ICNM and/or requests for information or action;
- 3.4 Termination of Clinic registration will not affect individual BRCP membership of its staff;
- 3.5 Where changes in legislation, voluntary or statutory regulation of professional standards in clinical practice, government registration and approval of practice standards become such that it is no longer possible for the ICNM to approve individual Clinics, the ICNM may withdraw registration giving where possible 9 months notice in writing. In such an event no refund of fees paid will be made.

4. All notices under this agreement will be given in writing.

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