

**Please read through this document carefully before completing the form.
When joining at different times during our membership year,
please refer to the table below to calculate the correct fee.**

Applicants are required to submit **one electronic copy** (via email or disc) and **one hard copy** of a brief portfolio to cover these three areas:

1. About you:

- Write a brief autobiography outlining your background and experience in homeopathy including any other healthcare knowledge and skills you already have that will be useful in your practice

2. Your practice:

- Describe the strengths you will bring to your practice
- Which elements of practise do you consider you will find most challenging

3. Ongoing professional development

- Describe how you will choose to update and further develop your professional skills

In addition, applicants will need to provide contact details of **two referees**:

1. A supervisor or college principal who can verify that you have reached a level of competence in your knowledge and understanding of homeopathy that meets the standards set out in the National Occupational Standards for Homeopathy
2. An unrelated colleague or professional person, who has known you for at least three years, and can provide you with a character reference.

The ARH office will request both references, using a pro forma form that asks specific questions, so please be sure to include contact details for both referees

Applicants are also required to include:

- A copy of their **graduation certificate**
- For applicants who have graduated from a course **not** recognised by the ARH, evidence that they have completed at least 100 hours of **clinical training** (such as a record sheet signed by a supervisor)
- A completed, signed **application form**
- A completed, signed **insurance form** (or copy of insurance certificate when insured independently of ARH)
- The **correct fee**

Fees Table

Application made in:	Registration fee	Membership fee	Insurance	Total
Oct-Dec	£75	£295	£42	£412
Jan-Mar	£75	£225	£35	£335
Apr-Jun	£75	£150	£25	£250
Jul-Sep	£75	£75	£12	£162

The Alliance of Registered Homeopaths

Millbrook, Millbrook Hill, Nutley, East Sussex, TN22 3PJ

Tel: 01825 714506 Web: www.a-r-h.org

Email: info@a-r-h.org

When applying to register after 01 January, please see fees table on page 1

Member no:	Name:					
		Amount	Date	Cheque no	Sort code	CC
	Membership fee	£295				
	Registration fee	£75				
	Insurance	£42				
	Total	£412				

Your details

Full name:

Date of birth: Nationality:

1/ Address:

Town: County: Postcode:

Tel no: E-mail:

Your homeopathic training

Colleges attended and qualifications gained (please include full name of college, contact details and dates of when attended)

.....
.....

2/

Where can we find evidence that you completed at least 100 hours of clinical training and submitted a minimum of five cases as part of your graduation criteria?

1/ refer to my college reference 2/ refer to evidence provided separately

Referee

a/ Please give the name and address of the college principal, supervisor or tutor who would supply a reference relating to your homeopathic knowledge, skills and competence:

.....
.....

b/ Please give the name and address of a professional person (not related to you) whom you have known for at least three years, and who can provide a personal reference:

3/

Are you a member of other professional organisations (please provide details).....

.....

Further details

If you answer YES to questions 2 to 7, please give full details on a separate sheet of paper		Yes	No
4/ 1)	Do you hold a First Aid Certificate (this is advisable but not yet mandatory)?	<input type="checkbox"/>	<input type="checkbox"/>
2)	Do you currently have professional indemnity insurance that covers you for the practise of homeopathy?	<input type="checkbox"/>	<input type="checkbox"/>
3)	Has any insurer ever cancelled, declined, refused to renew, or accepted on special terms, your professional insurance?	<input type="checkbox"/>	<input type="checkbox"/>
4)	Have you ever been struck off a professional register?	<input type="checkbox"/>	<input type="checkbox"/>
5)	Are there any unresolved or outstanding complaints or disciplinary actions against you?	<input type="checkbox"/>	<input type="checkbox"/>
6)	Have you ever been convicted of a CRIMINAL offence?	<input type="checkbox"/>	<input type="checkbox"/>
7)	Do you have any medical problems that would prevent you from practising homeopathy?	<input type="checkbox"/>	<input type="checkbox"/>

Payment details

Please make all cheques payable to 'ARH' - see below for credit card details
 Please note, you **must** return your completed, signed insurance form, or **enclose a copy** of your current insurance certificate when insured outside of ARH block scheme

Credit card details

Name of cardholder (*Block capitals please*):.....

Address:.....

..... Postcode:..... Telephone no:.....

5/ Credit card no:

Amount: £ Type of card: Visa/Mastercard/Maestro

Valid from: Expiry date: Security code: Issue no:

Your signature: Date:

You may spread the payments and pay by installments

To help you spread the costs of registration, as part of this package you may pay by installments. Please contact the office on 01825 714506 so that we can give you a spread payment option appropriate for the time of year in which you are applying to register

The Alliance of Registered Homeopaths
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ARH

Please check you have completed, signed and enclosed all the relevant forms and that you have included:

- *your insurance form (or copy of current insurance certificate when insured outside of ARH block scheme)*
- *a copy of your graduation certificate (or indicate when it will be available)*
- *one copy of your portfolio*
- *the correct fee (or instruction to charge your credit card)*

Then sign the statement below

6/ I am aware of no claims, suits or other circumstances which could reasonably lead to a claim being made, or action initiated against me in relation to my homeopathic practice. I confirm I have read the ARH Code of Ethics (*available from ARH website: www.a-r-h.org, or from office upon request*). If accepted as a Registered Member of ARH, I agree to practise in accordance with the ARH Code of Ethics. I also agree to undertake regular CPD in order to maintain and further develop my professional skills. I certify the above details to be true and correct

Your signature:Date:

Information to be placed on ARH and Rhom website

Good news! - Because ARH and the Register of Homeopaths (RHom) now have the same Code of Ethics, **we are able to offer you free entry onto the RHom, practitioner database.**

Please inform us if you do **NOT** want your practice details to appear on the Rhom or ARH website

7/	First name	
	Last name	
	Address line 1	
	Address line 2	
	Address line 3	
	Address line 4	
	Town/City	
	County	
	Postcode	
	Country	
	Telephone	
	Mobile	
	Email	
	Website	

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