

# Alliance of Registered Homeopaths

## Application for Registration with ARH 2009 – 2010 Practitioner Route

**For office use only**

<b>Member no:</b>	<b>Name:</b>					
		<b>Amount</b>	<b>Date</b>	<b>Cheque no</b>	<b>Sort code</b>	<b>CC</b>
	Membership fee					
	Registration fee	<b>£50</b>				
	Insurance	<b>£43</b>				
Total						

**Your details**

**1/** Full name: .....

Date of birth: ..... Nationality: .....

Address: .....

Town: ..... County: ..... Postcode: .....

Tel no: ..... E-mail: .....

**Your homeopathic training**

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

.....

.....

.....

**Referee**

**3/** 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:

.....

.....

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

.....

Other professional skills or qualifications which may enhance your practice:.....

.....

Please complete all three pages of this form, then sign and return to:  
**ARH, Millbrook, Millbrook Hill, Nutley, East Sussex, TN22 3PJ**  
 Tel: 01825 714506                      Email: [info@a-r-h.org](mailto:info@a-r-h.org)                      Website: [www.a-r-h.org](http://www.a-r-h.org)



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## Further details

**4/** Do you hold a **First Aid Certificate** (this is advisable but not yet mandatory)? .....

Date of qualification or when you intend to take a course: .....

If you answer <b>YES</b> to any of the following questions, please give full details on a separate sheet of paper	<b>Yes</b>	<b>No</b>
1. Do you currently have professional indemnity insurance that covers you for the practice of homeopathy?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any insurer ever cancelled, declined, refused to renew, or accepted on special terms, your professional insurance?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been struck off a professional register?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any unresolved or outstanding complaints or disciplinary actions against you?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of a CRIMINAL offence?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any medical problems that would prevent you from practising homeopathy?	<input type="checkbox"/>	<input type="checkbox"/>

## Fee Payable - UK

	Application received	Non-refundable registration fee	Registered membership fee	Insurance	Total
<b>5/a</b>	Oct – Dec	£50	£295	£43	<b>£388</b>
	Jan – Mar	£50	£221.25	£36	<b>£307.25</b>
	Apr – Jun	£50	£147.50	£26	<b>£223.50</b>
	Jul – Sep	£50	£73.75	£13	<b>£136.75</b>

## Fee Payable – Eire (cheque for insurance made out to Balens - see insurance forms)

	Application received	Non-refundable registration fee	Registered membership fee	Insurance to be paid in euros	Total
<b>5/b</b>	Oct – Dec	£50	£295	€75	<b>£345 + €75</b>
	Jan – Mar	£50	£221.25	€60	<b>£271.25 + €60</b>
	Apr – Jun	£50	£147.50	€41	<b>£197.50 + €41</b>
	Jul – Sep	£50	£73.75	€21	<b>£123.75 + €21</b>

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# Alliance of Registered Homeopaths

Information to be placed on the ARH & RHom website, and in ARH Register  
(Please notify us if you do NOT wish your details to appear on the ARH & RHom websites)

Member Number	To be allocated
First name	
Last name	
Qualifications	MARH
Address line 1	
Address line 2	
Address line 3	
Address line 4	
Town/City	
County	
Postcode	
Country	
Tel 1	
Tel 2	
Mobile	
Email	
Website	

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