

Application for Registration with ARH *Practitioner Route* 2018 - 2019

Please note, the ARH membership year runs from 01 October until 30 September

provide a <u>separate</u> payment for your insurance

To calculate insurance and membership fees when joining after 01 January, please

Member no:	Name:		see table below				
	\		Amount	Date	Cheque no	Sort code	CC
	Members	hip fee	£310				
	Registrat	ion fee	£75				
	Total		£385				
	Plus insu	rance	£				
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	Full name:		
	Date of birth:	Nationality:	
1/	Address:		
	Town: County	:	Postcode:
	Tel no:	E-mail:	
You	r homeopathic training		
	Colleges attended and qualifications gained when attended)	(please include full name of colleg	ge, contact details and dates of
2/			
Ref	eree		
	Please give the name, email and address of a for at least three years, and who can provide a		to you) whom you have known
3/			
	Do you specialise in any particular area of pra	ctice (ie: children, pregnancy, me	nopause, musculoskeletal etc)?
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Fees table

Application made in:	Registration fee	Membership fee	Total	Plus insurance		
Oct-Dec	£75	£310	£385	£44		
Jan-Mar	£75	£240	£315	£36.93		
Apr-Jun	£75	£165	£240	£26		
Jul-Sep	£75	£90	£165	£12.93		
Membership fee when paying via instalments = £325 £245 £170 £95 ± £75 for registration						

| Membership fee when paying via instalments = £325 - £245 - £170 - £95 + £75 for registration

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



Payment details

Please make cheques for your registered membership fee payable to 'ARH'. Please be sure to include a <u>separate</u> payment for your insurance, cheques payable to 'Balens Ltd', or credit/debit card instruction completed on payment sheet included with insurance form.

If you have your own insurance, please be sure to <u>include a copy of your current insurance</u> certificate together with your registration application

Credit card details - Direct Debit payments is another option available for staged payments. If choosing this option, please complete a DD form which is available from the ARH website Name of cardholder (Block capitals please):.... Credit card no: 4/ Amount: £ Type of card: Visa/Mastercard/Maestro Please check you have completed, signed and enclosed <u>all</u> the relevant forms and that you have included: your insurance form and insurance payment (or a copy of current insurance certificate when insured outside of ARH block scheme) a copy of your graduation certificate Then **sign** the statement below I am aware of no convictions, 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. I understand that the ARH will use my personal data in the manner described in the ARH privacy policy, which is available on the ARH website. Your signature: Date: Information to be placed on the ARH and Find a Homeopath websites First name Last name Address line 1 Address line 2 Town/City Postcode: County Country Telephone Mobile Email Website

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