

Application for Registration with ARH Graduate Route - Special offer Membership year 2019 - 2020

(ARH membership year runs from 01 October until 30 September)

**Please read through this document
carefully before completing the form**

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



**Special
summer
offer!**
See inside pack
Offer available until
30 September 2019

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 us with a character reference for you

The ARH office will request both references, using a pro forma form that asks specific questions, so please be sure to include contact details, including an email address (where available), for both referees

Applicants are also required to include:

- A copy of their **graduation certificate**
- 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** (see both page 2 & 3)

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

Please provide a **separate** payment for your insurance

Special Summer offer 2019!

This offer available until 30 September 2019

Member no:	Name:					
		Amount	Date	Cheque no	Sort code	CC
	Membership fee	£335				
	Staged payments	£33.50 x 10				
	Total paid	£				
	Plus insurance	£53.00				

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, address and email contact 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, address and email contact 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
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"/>
4/ 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 - Special offer - *available until 30 September 2019*

When paying by cheque, please make all cheques for your membership payable to 'ARH', and include a **separate** cheque for your insurance, made payable to 'Balens Ltd'. 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:.....

5/Postcode:.....Telephone no:.....

Card no:

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

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

This special offer is available from 01 July until 30 September 2019, and provides you with registered membership for up to fifteen months, for the price of just twelve months, which makes it an exceptionally good deal!

The normal registration fee of £75 is waived for this offer.

The total payable is £335 for single payments (cheque payable to 'ARH', or card instruction). Please note, you can stage the payments by providing us with your card instruction to take ten one-monthly payments of £33.50 each. If you would prefer to set up a Direct Debit facility to make your staged payments, please download a form from the 'Join ARH' page of our website, or contact the office.

Please make a separate insurance payment of £53, cheques made payable to 'Balens Ltd'.

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ARH

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

- ***your completed, signed 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/debit card)***
- ***a separate payment (or payment instruction) for your insurance***

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 Find a Homeopath websites

Please inform us if you do **NOT** want your practice details to appear on the ARH and Find a Homeopath 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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