

### GENERAL INFORMATION

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

Applicants are required to submit **one electronic copy** (via email) 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**

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

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

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

For office use only

Member no:	Name:					
		Amount	Date	Cheque no	Sort code	CC
	Membership fee	£				
	Registration fee	£75				
	Total	£				
	Plus insurance	£				

### Your details - please complete all four pages of this form, and sign section 4

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

.....

3/ b) Please give the name, email 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:

.....

### Fees table

Application made in:	Registration fee	Membership fee	Total	Plus insurance
Oct-Dec	£75	£335	£410	£44
Jan-Mar	£75	£250	£325	£36.93
Apr-Jun	£75	£170	£245	£26
Jul-Sep	£75	£95	£170	£12.93

Membership fee + registration fee can also be paid via instalments - see page two for more detail

## Further details

If you answer YES to questions 2 to 8, 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 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"/>
8)	Do you hold qualifications in other conventional or CAM disciplines?	<input type="checkbox"/>	<input type="checkbox"/>
9)	Do you belong to any other professional association?	<input type="checkbox"/>	<input type="checkbox"/>

**You may spread the payments of registration and membership by paying via installments. For this, we need either your card payment details, or we need to set up payments via Direct Debit. Page four of this form provides full details. If choosing this option please complete just one of the two payment options shown on page four. The chart below shows how much you can expect to pay each month, and for the number of months, depending on when you apply to register. Please note that if a transaction fails for some reason, the amount taken may vary to ensure that all payments have been complete by the end of our membership year (30 September).**

Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep
9 one-monthly payments of £45.50 each	6 one-monthly payments of £54 each	4 one-monthly payments of £61.25 each	2 one-monthly payments of £85 each

**The Alliance of Registered Homeopaths**

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

**Tel: 01825 714506 Web: [www.a-r-h.org](http://www.a-r-h.org)**

**Email: [info@a-r-h.org](mailto:info@a-r-h.org)**

When paying via cheque, please make cheques for your registered membership payable to 'ARH', and be sure to include a **separate** cheque for your insurance, made payable to 'Balens Ltd'.  
When paying via card, please complete your details on page four of this form, and again on the payment sheet included with the insurance form.

If you have your own insurance, please be sure to **include a copy of your current insurance** certificate together with your registration application.

Please note, you may pay for your membership fee plus registration, via installments, by providing your payment instruction on page four of this form. See table on page two for details.

### Information to be placed on the ARH and Find a Homeopath websites

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

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

- ***your insurance application form and insurance payment (or a copy of current insurance certificate when insured outside of ARH block scheme)***
- ***a copy of your graduation certificate***
- ***the correct fee, or your payment instruction on page three of this form, when paying via card or Direct Debit***

Then **sign** the statement below

4/ 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](http://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: .....

## Your payment instruction when paying via Direct Debit or credit/debit card

### Direct Debit instruction for ARH registered members

Please complete this (upper) part of the form if you would like to stage the payments of your ARH membership fee via **Direct Debit** instruction. **Please use the lower half of this form for card payments**, either single or staged payments.

Normally, staged payments will comprise one-monthly payments of an equal amount as shown on table below. However, if a transaction fails for some reason, the amount taken may vary, to ensure your payments are completed by the end of the ARH membership year (30 September).

**Please note we can only set up DD transactions for members with a UK bank account.**

Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep
9 = payments of £45.50	6 = payments of £54	4 = payments of £61.25	2 = payments of £85



# ARH

Please fill in the whole form including official use box using a ball point pen and send it to:

**Alliance of Registered Homeopaths (ARH)**  
**Millbrook**  
**Millbrook Hill**  
**Nutley**  
**East Sussex**  
**TN22 3PJ**

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager
Bank/building society

Address

Postcode

Reference

### Instruction to your bank or building society to pay by Direct Debit

Service user number

2

5

3

1

8

4

FOR ARH OFFICIAL USE ONLY

This is not part of the instruction to your bank or building society.

**Instruction to your bank or building society**

Please pay ARH Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with ARH and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

DDI1

*Please note, the ARH is compliant with the Payment Card Industry Data Security Standard (PCI DSS).*

### Your card details:

Credit/debit card no:

Amount: £ ..... Expiry date: ..... Security code: .....

Your signature: ..... Date: .....