Application for Registration with ARH
Graduate Route 2021 - 2022

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

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

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
Application for Registration with ARH
Graduate Route 2021 - 2022

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

For office use only

Please provide a separate payment for your insurance

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

<table>
<thead>
<tr>
<th>Member no:</th>
<th>Name:</th>
<th>Amount</th>
<th>Date</th>
<th>Cheque no</th>
<th>Sort code</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Membership fee</td>
<td>£</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Registration fee</td>
<td>£75</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Total</td>
<td>£</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plus insurance</td>
<td>£</td>
<td></td>
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</tbody>
</table>

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:

...............................................................................................................................................................................

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

<table>
<thead>
<tr>
<th>Application made in:</th>
<th>Registration fee</th>
<th>Membership fee</th>
<th>Total</th>
<th>Plus insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-Dec</td>
<td>£75</td>
<td>£335</td>
<td>£410</td>
<td>£44</td>
</tr>
<tr>
<td>Jan-Mar</td>
<td>£75</td>
<td>£250</td>
<td>£325</td>
<td>£36.93</td>
</tr>
<tr>
<td>Apr-Jun</td>
<td>£75</td>
<td>£170</td>
<td>£245</td>
<td>£26</td>
</tr>
<tr>
<td>Jul-Sep</td>
<td>£75</td>
<td>£95</td>
<td>£170</td>
<td>£12.93</td>
</tr>
</tbody>
</table>

Membership fee + registration fee can also be paid via instalments - see page two for more detail
If you answer YES to questions 2 to 8, please give full details on a separate sheet of paper

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Do you hold a First Aid Certificate (this is advisable but not mandatory)?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2) Do you currently have professional indemnity insurance that covers you for the practise of homeopathy?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3) Has any insurer ever cancelled, declined, refused to renew, or accepted on special terms, your professional insurance?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4) Have you ever been struck off a professional register?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5) Are there any unresolved or outstanding complaints or disciplinary actions against you?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>6) Have you ever been convicted of a CRIMINAL offence?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>7) Do you have any medical problems that would prevent you from practising homeopathy?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>8) Do you hold qualifications in other conventional or CAM disciplines?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>9) Do you belong to any other professional association?</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th></th>
<th>Oct - Dec</th>
<th>Jan - Mar</th>
<th>Apr - Jun</th>
<th>Jul - Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9 one-monthly payments of £45.50 each</td>
<td>6 one-monthly payments of £54 each</td>
<td>4 one-monthly payments of £61.25 each</td>
<td>2 one-monthly payments of £85 each</td>
</tr>
</tbody>
</table>
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

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: __________________________
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.

<table>
<thead>
<tr>
<th>Oct - Dec</th>
<th>Jan - Mar</th>
<th>Apr - Jun</th>
<th>Jul - Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 = payments of £45.50</td>
<td>6 = payments of £54</td>
<td>4 = payments of £61.25</td>
<td>2 = payments of £85</td>
</tr>
</tbody>
</table>

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

Your card details:

Credit/debit card no: [Redacted]
Amount: £ [Redacted] Expiry date: [Redacted] Security code: [Redacted]

Your signature: [Redacted] Date: [Redacted]