



Office Use Only

NRHP No:

Receipt No:

S/O:

NRHP Membership Application Form 2018

Ground Floor, 34 Altrincham Road, Wilmslow, Cheshire, SK9 5ND

Tel: 0161 635 3530 admin@nrhp.co.uk www.nrhp.co.uk

Forename and initial(s): Surname:.....

Qualifications* (initials only):

**Please provide definitions of, and evidence for, any unusual qualifications. Please limit yourself to five qualifications, including your hypnotherapy qualifications, due to limited space.*

Please state previous or current registration with, or membership of, relevant organisations with dates:

.....

PRACTICE ADDRESS – for inclusion in Directory and Website

Address Does this address have disabled access? YES/NO

..... Post Code

Tel Mobile

e-mail website

(IF YOU HAVE MORE THAN ONE PRACTICE ADDRESS – PLEASE GIVE DETAILS ON A SEPARATE SHEET)

PRIVATE ADDRESS – if different from above. This will NOT appear in the Directory, but will be used to send correspondence.

Address

..... Post Code

Tel Mobile

e-mail

PRACTISING MEMBERS – ADDITIONAL INFORMATION:

* List **up to five** specialisations (presenting problems or therapeutic approaches)

.....

* List any foreign languages **spoken at a level of competence for practise**

* Please indicate if you are able to undertake home visits **YES / NO / Same Sex Only** (please circle)

NB: *If your premises don't have disabled access, you may be required, by law, to offer home visits for the disabled.*

* Are you willing to act as a supervisor for Student/Associate Members? **YES/NO** (Full members only)



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SUPERVISOR'S DECLARATION: All practising, regulated members must provide the name, address and signature of their supervisor/peer supervisor – who is either a Full Member of NRHP or a UKCP/BACP registered therapist.

Supervisor's name NRHP No (if applicable)

If the supervisor is not an NRHP member, please confirm membership of UKCP/BACP

Address

Tel: e-mail:

Supervisor Confirmation Statement: I confirm that I will act as supervisor/peer supervisor to the applicant, on a regular basis, as set out in 'A Guide to NRHP', and I agree to notify NRHP if supervision is discontinued.

Supervisor's signature Date

APPLICANT'S DECLARATION:

I declare that I have read, and agree to abide by, the Code of Ethics and Practice and general terms, as published in the NRHP's 'A Guide to NRHP' and that the information I have given on this form is correct to the best of my knowledge.
NB: The Contingency Fee (see p15 of 'A Guide to NRHP') will not exceed £25.00 during the period Jan 1st to Dec 31st 2018.

In the event of my death or incapacity, I have made arrangements so that(name) can contact my outstanding clients to offer appropriate support and advice. (NB: This is a requirement for NRHP members who are UKCP registered.)

I agree to supply the NRHP, with this application, details of any of the following which apply to me:

- ▶ Any unspent and/or notifiable criminal conviction from any UK, or any other accredited criminal or military court;
- ▶ Any ongoing complaints proceedings (previous or current registering bodies may be contacted);
- ▶ Any expulsion from, or refusal of, membership of any register or professional body;
- ▶ Any other matter relating to my personal, professional or ethical conduct which may, if known about, be of significant value in determining whether to accept me for membership of the NRHP. I, furthermore, undertake to inform the NRHP should any of the above become applicable. I understand that my failure to meet this commitment in any particular way may result in disciplinary action by the NRHP.

Applicant's signature Date

NB: Previous convictions, or other declarable matters, do not imply automatic refusal of your application. All cases will be judged on their type and gravity. False declarations will result in forfeiture of membership with no reimbursement of fees. All members must notify NRHP of any official complaint against them, on grounds of Ethics or Professional Practice, to any regulating body as soon as they become aware of the complaint. Failure to do so may result in disqualification of membership. Any complaints on events predating membership which arise after the member became regulated by NRHP are primarily the responsibility of the regulating body at the time of the event. Complaints involving accusations of serious criminal activity may result in immediate suspension from NRHP.



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MEMBERSHIP FEES:

Please circle category of membership. If Membership is to commence after January 2018 – please see table of pro rata payments.

Regulated Members:	Full, Associate 1, 2 or 3	£95.00
Non-regulated Members:	Non-practising, Overseas, RAGPH, Student	£50.00
Retired		£45.00

TABLE OF PRO RATA MEMBERSHIP FEES 2018			
Effective From	Practising any category	Non-Pract/Overseas RAGPH/Student	Retired Member
1 st Jan	£95.00	£50.00	£45.00
1 st Feb	£87.08	£45.83	£41.25
1 st Mar	£79.17	£41.67	£37.50
1 st Apr	£71.25	£37.50	£33.75
1 st May	£63.33	£33.33	£30.00
1 st June	£55.42	£29.17	£26.25
1 st July	£47.50	£25.00	£22.50
1 st Aug	£39.59	£20.83	£18.75
1 st Sept	£31.67	£16.67	£15.00
1 st Oct	£23.75	£12.50	£11.25
1 st Nov	£15.83	£8.33	£7.50
1 st Dec	£7.92	£4.17	£3.75

PAYMENT

Cheque

Standing Order - Please complete mandate *£1.00 surcharge/month

Online Banking - Please quote your name as the reference

NRHP Ltd, HSBC, Sort Code 40-34-47 / Account No. 00008133

Overseas payees: BIC: HBUKGB4B / IBAN: GB51HBUK40344700008133

DOCUMENTS REQUIRED

➤ **Qualifications**

Please enclose a copy of your DHP, CHP or equivalent from a UKCP accredited training organisation. Please all include copies of any further qualifications or memberships that you wish to be included in your profile.

➤ **Insurance**

Please enclose a copy of your insurance cover. All practising NRHP members must be covered by appropriate professional indemnity insurance and must send this with their application. Your membership will be void if you are not insured.

The National Register of Hypnotherapists and Psychotherapists

Ground Floor, 34 Altrincham Road, Wilmslow, Cheshire., SK9 5ND e-mail: admin@nrhp.co.uk www.nrhp.co.uk
0161 635 3530

Tel:



Payments run from FEB 2018 to NOV 2018. There is a surcharge of £1.00 per monthly payment.

PLEASE RETURN THE MANDATE TO NRHP – DO NOT SEND TO YOUR BANK

Please fill in your name at the top of the standing order mandate below and indicate the date you wish payments to be made. Please give the name and full postal address of your bank (**clearly, in block capitals**), so that we can send the completed mandate to your bank, and give the name and account number of the bank account you wish to be debited and signature(s) authorising the mandate. We will complete the Office Use Only box. You will be advised the monthly amount and payment schedule with your membership documents.

Name: NRHP No:

Please note: payments must be completed by 15th November 2018

Preferred payment date: 1st of the month 15th of the month

STANDING ORDER MANDATE – PLEASE COMPLETE BOX BELOW AND SIGN

Name of Bank	
Bank's Full Postal Address.....	
..... Post Code.....	
Name of Account to be debited	<input type="text"/>
Sort Code <input type="text"/>	Account No <input type="text"/>
Signature(s)	Date

OFFICE USE ONLY	Quoting Ref <input type="text"/>	*To the payee's bank: Please quote ref to NRHP's bank
The sum of:	Amount <input type="text"/>	
	Amount in words <input type="text"/>	
Commencing:	Date of first payment <input type="text"/>	
	and thereafter every	
	Due date and frequency <input type="text"/>	
	until further notice in writing or	
	Date of last payment <input type="text"/>	
OFFICE USE ONLY	and debit my/our account accordingly	

Please pay: HSBC, Nelson, 40-34-47

For the credit of: National Register of Hypnotherapists and Psychotherapists Ltd (NRHP)

Account No: 00008133

*To the payee's bank - The code in the 'Quoting Ref' box **MUST** be quoted to the NRHP's bank to ensure that NRHP can allocate the payments to the payee's account. Thank you.