



Complementary & Natural  
Healthcare Council

# Request to Register

## Data Transfer Agreement

### Application for verification by Professional Association

Name of Professional Association

Email address

Date of birth

1. Please can you check the details contained in this form and its attachments and then confirm my eligibility to CNHC for the purposes of entry to the CNHC Register in the following disciplines: (*please tick*)

Bowen Therapy

### CNHC Code of Conduct, Performance and Ethics

2. I agree to abide by the CNHC Code of Conduct, Performance and Ethics, which is available on the CNHC website.

Signed

Name

Date

I am already registered with CNHC:  Yes  No

**Please return your completed form with copies of qualifications and completed character reference form, and payment for £15 for verification, direct to the Professional Association by email/fax/post.**

The PA will screen your application to see whether you are eligible for registration.

Following receipt of verification by the Professional Association, you will then be sent an automatic email from the CNHC register inviting you to complete your registration and pay the registration fee.

(Early Bird Offer will apply for first six months after register opens to your discipline: £30 for one discipline, £40 for two disciplines, £50 for three disciplines. After the first six months, the fee will increase to £45 for one discipline, £55 for two, £65 for three and £75 for four. There is no charge for additional disciplines (ie 5<sup>th</sup>, 6<sup>th</sup> etc.)

If you do not have an email address you can apply offline. CNHC will send you postal information to complete and return to them to process. Please be advised that there will be a £10 administration fee for those who wish to apply offline as we will need to manually process your application. Registrants will then receive a hard copy registration certificate via post.

# Verification Application

Please note: Verification requires individuals to have professional indemnity insurance

PERSONAL DETAILS					
Title:		Gender:			
Surname:		Forename/s:			
Address: (Inc postcode)					
Home Telephone:		Work Telephone:			
Mobile		Email address:			
I confirm that I have Professional Indemnity Insurance					
Company:					
Policy number:		Expiry date:			
QUALIFICATIONS					
I wish to submit my qualifications for verification that they meet the National Occupational Standards (NOS) and Core Curriculum required for registration with the CNHC					
AWARDING BODY	LEVEL	COURSE TITLE	COLLEGE	COMPLETION DATE	OFFICE USE ONLY (Delete as appropriate)
					VERIFIED/ NOT VERIFIED/ NOT APPLICABLE
					VERIFIED/ NOT VERIFIED/ NOT APPLICABLE
					VERIFIED/ NOT VERIFIED/ NOT APPLICABLE
					VERIFIED/ NOT VERIFIED/ NOT APPLICABLE

PLEASE NOTE THAT WE MUST HAVE PROOF OF **ALL** QUALIFICATIONS HELD. PLEASE ATTACH A COPY OF QUALIFICATION CERTIFICATE(S). (PLEASE DO NOT SEND ORIGINALS AS THESE CANNOT BE RETURNED)

OFFICE USE ONLY	REFERENCE NO.	
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# Character Reference Form

In addition to the above details you have already supplied, your application must be supported by a fully completed Character Reference form, which needs to be returned to the Professional Association together with your Request to Register form.

Name of Applicant

Address

The above person has applied to join the Register of CNHC, the voluntary regulatory body for complementary health practitioners. In order to be eligible to be admitted to the Register, the applicant must satisfy CNHC that he/she is of good character.

A reference as to the applicant's character is to be provided on this form by a person of professional standing in the community, who is not a relative and who has known the applicant for at least 3 years. The referee must know the applicant well enough to make a judgement as to the applicant's integrity, trustworthiness and honesty.

People of professional standing include JPs, lawyers, accountants, health care professionals, religious officials or senior figures in business, the public sector or voluntary sector.

Referee's Name

Occupation

Practice or Business

Contact Address

Telephone Number  
and Email address

Please state in what capacity the applicant is known to you:

I am satisfied that, to the best of my knowledge, the applicant is of good character and fit for registration  
(*please tick*)

Or

The CNHC should be aware of the following details of the applicant's character, which might affect his/her suitability for registration:

Signed:

Date:

For any queries or if you need help completing this form, please call CNHC on **02031 782199**