

# NRHP Membership Application Form 2010

First Floor, 18 Carr Road, Nelson, Lancashire, BB9 7JS  
e-mail: [admin@nrhp.co.uk](mailto:admin@nrhp.co.uk) website: [www.nrhp.co.uk](http://www.nrhp.co.uk)



### Office Use Only

NRHP No: .....

Receipt No: .....

S/O: .....

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

Qualifications\* (initials only): .....

*\*Please provide definitions of, and evidence for, any unusual qualifications. Any we are unsure of will be queried. Please limit yourself to five qualifications, including your hypnotherapy qualifications, due to limited space.*

## PLEASE ENCLOSE A COPY OF YOUR DHP OR CHP, OR EQUIVALENT, FROM A UKCP ACCREDITED TRAINING ORGANISATION

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

Category of Membership: FULL / ASSOC 1 / ASSOC 2 / ASSOC 3  
STUDENT / NON-PRACT / OVERSEAS / NON-REG (Please circle)

### PRACTICE ADDRESS – for inclusion in public 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 ..... website .....

## INSURANCE – PLEASE ENCLOSE PROOF OF INSURANCE COVER

All practising NRHP members must be covered by appropriate professional indemnity insurance and must send a copy of their insurance certificate with this completed form. If you do not already have appropriate insurance, please see the enclosed information re. Towergate Professional Risks.

**NB: Your membership will be void if you are not insured.**

**If Membership to commence after January 2010 – please see overleaf for table of pro rata payments**

FULL/ASSOCIATE 1/2/3: Annual Fee: **£100.00** (please see overleaf for pro rata payments) .....

Non-regulated, Non-practising, Overseas, Student Member: **£50.00** .....

Membership fees can be paid by standing order (up to 10 monthly instalments, if started in February with last payment November 2010) – **instalment charge £1.00 per month** .....

**Please see enclosed standing order mandate**

**PLEASE MAKE CHEQUE PAYABLE TO ‘NRHP’**

**TOTAL: £ \_\_\_\_\_**

**PLEASE USE BLACK OR BLUE INK -**

**NB: WE REGRET THAT THE NRHP CANNOT ACCEPT CREDIT/DEBIT CARD PAYMENTS OR POSTDATED CHEQUES**

**PTO...**

**PRACTISING MEMBERS – ADDITIONAL INFORMATION**

In an effort to provide a better service to you, and to your potential clients who contact us for details of therapists, it would be useful if you could:

- \* 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.*
- \* Please indicate if you take, or are you willing to take, NHS funded referrals from GPs **YES/NO** (please circle)
- \* Are you willing to act as a supervisor for Student/Associate Members? **YES/NO** (Full members only)

| <b>TABLE OF PRO RATA MEMBERSHIP FEES 2010</b> |                                |                               |                         |                         |                        |
|---|--------------------------------|-------------------------------|-------------------------|-------------------------|------------------------|
| <b>Effective From</b>                         | <b>Practising any category</b> | <b>Student non-commercial</b> | <b>additional entry</b> | <b>Non-pract Member</b> | <b>Overseas Member</b> |
| 1 <sup>st</sup> Jan                           | £100.00                        | £50.00                        | £5.00                   | £50.00                  | £50.00                 |
| 1 <sup>st</sup> Feb                           | £91.67                         | £45.83                        | £4.58                   | £45.83                  | £45.83                 |
| 1 <sup>st</sup> Mar                           | £83.33                         | £41.67                        | £4.17                   | £41.67                  | £41.67                 |
| 1 <sup>st</sup> Apr                           | £75.00                         | £37.50                        | £3.75                   | £37.50                  | £37.50                 |
| 1 <sup>st</sup> May                           | £66.67                         | £33.33                        | £3.33                   | £33.33                  | £33.33                 |
| 1 <sup>st</sup> June                          | £58.33                         | £29.17                        | £2.92                   | £29.17                  | £29.17                 |
| 1 <sup>st</sup> July                          | £50.00                         | £25.00                        | £2.50                   | £25.00                  | £25.00                 |
| 1 <sup>st</sup> Aug                           | £41.67                         | £20.83                        | £2.08                   | £20.83                  | £20.83                 |
| 1 <sup>st</sup> Sept                          | £33.33                         | £16.67                        | £1.67                   | £16.67                  | £16.67                 |
| 1 <sup>st</sup> Oct                           | £25.00                         | £12.50                        | £1.25                   | £12.50                  | £12.50                 |
| 1 <sup>st</sup> Nov                           | £16.67                         | £8.33                         | £0.83                   | £8.33                   | £8.33                  |
| 1 <sup>st</sup> Dec                           | £8.33                          | £4.17                         | £0.42                   | £4.17                   | £4.17                  |

**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 p13 of 'A Guide to NRHP') will not exceed £25.00 during the period Jan 1<sup>st</sup> to Dec 31<sup>st</sup> 2010.

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 or not 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 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.*

**The National Register of Hypnotherapists and Psychotherapists Ltd**

First Floor, 18 Carr Road, Nelson, Lancs., BB9 7JS

E-mail: [admin@nrhp.co.uk](mailto:admin@nrhp.co.uk) <http://www.nrhp.co.uk> Tel: 01282 716839



**Paying your Membership fees by standing order 2010**

To pay your membership fees by standing order please follow the instructions below.

**NB: Payment must be completed by 15<sup>th</sup> November 2010.** Please contact the Nelson office if you have any queries.

1. Complete your application/renewal form.
2. Fill in your name and NRHP number (if known) at the top of the standing order mandate below.
3. Indicate how many instalments you wish to make and which payment date you would prefer (minimum of 3, maximum of 6: if payments start in June 2010)
4. Complete boxes **A** and **B** of the standing order mandate below.
5. Send the following to the NRHP office in Nelson:
  - Membership application/renewal form, duly completed, including a copy of your insurance certificate (and a copy of your CHP/DHP or equivalent if a new applicant)
  - Standing order mandate, duly completed

**Please DO NOT send the mandate direct to your bank – SEND IT TO THE NRHP.**

**Box A** should include the name and full postal address of your bank – this is needed to enable NRHP to send the mandate to your bank once all the details have been completed by the Nelson office. **PLEASE WRITE CLEARLY AND IN BLOCK CAPITALS**

**Box B** should include the name and account number of the bank account which is to be debited, along with appropriate signature(s) for the account, and the date.

**DO NOT** complete any of the details in the ‘office use only’ box.

Name: ..... NRHP No: .....

Number of instalments  Minimum 3 - Maximum 6 (if first payment begins in June 2010)

Preferred payment date: 1<sup>st</sup> of the month  15<sup>th</sup> of the month

**NB: PAYMENT MUST BE COMPLETED BY 15<sup>th</sup> NOV 2010**

**Box A (Please give your bank’s FULL address below)**

**STANDING ORDER MANDATE**

|                                 |
|---------------------------------|
| To..... Bank                    |
| Bank’s Full Postal Address..... |
| .....                           |
| ..... Post Code.....            |

In case of query please contact:  
 First Floor, 18 Carr Road,  
 Lancs, BB9 7JS  
 Tel: 01282 716839  
 e-mail: [admin@nrhp.co.uk](mailto:admin@nrhp.co.uk)

Please pay: HSBC, Nelson, 40-34-47  
 for the credit of: The National Register of Hypnotherapists and Psychotherapists Ltd (NRHP)  
 Account No: 00008133

|                        |   |   |
|------------------------|---|---|
| <b>office use only</b> | Quoting Reference <input type="text"/>                  | <b>To the payee’s bank: Please quote reference to NRHP’s bank</b> |
| The sum of:            | Amount <input type="text"/>                             |   |
|                        | Amount in words <input type="text"/>                    |   |
| Commencing:            | Date of first payment <input type="text"/>              |   |
|                        | and thereafter every <input type="text"/>               |   |
|                        | Due date and frequency <input type="text"/>             |   |
|                        | until further notice in writing or <input type="text"/> |   |
|                        | Date of last payment <input type="text"/>               |   |
|                        | and debit my/our account accordingly                    |   |

**Special instructions to payee’s bank:** The code in the “Quoting Reference” box **MUST** be quoted to the NRHP’s bank to ensure that the NRHP can allocate the payments to the payee’s account.

**Box B (Please ensure that you complete and sign below)**

|  |
|--|
| Name of Account to be debited <input type="text"/>                 |
| Sort Code <input type="text"/> Account Number <input type="text"/> |
| Signature(s)..... Date.....  |