



Membership Application Form

Please complete this form, **IN BLOCK CAPITALS PLEASE** and return it to the address below for processing.

Application for membership class (please tick relevant box):

Full colon hydrotherapist member
Overseas member
(see ARCH membership protocol for details)

Licentiate colon hydrotherapist
Student member

Section 1 – Personal details

Legal Surname

Professional Name
if different from above

First Names

Title

Gender

Date of Birth

Marital Status

Nationality

Home Address

Post/area Code

Home tel.

Mobile tel.

email address

Is English your first language?
If not, please state level of competency

SECTION 2 – Professional details

Practise address

Post/Area code

Tel

email

mobile tel.

website address

How long have you practised at this address

Are you a full-time or part-time therapist? Please state

How long have you been practising colonic hydrotherapy?

Details of other qualifications. Please enclose photocopies of your certificates to support your application.

Section 3 – Professional Education

Name & Addresses and **telephone** numbers of study centre(s) where professional certificates gained, with dates of study. Please state whether full or part-time and length of course.

Name & Address and **telephone** number of study centre where Colonic Hydrotherapy course was taken, with dates(s). Please enclose photocopy of certificate.

Other professional and academic qualifications

Do you hold a current First Aid certificate? ARCH requires an HSE approved, one day course, known as **Emergency First Aid at Work**. If so, please enclose a copy.
Please note you may submit your application without one, but it is mandatory to provide one for membership.

SECTION 4- Professional Indemnity Insurance & claims history

Please provide documentary evidence, including the name and contact details of your insurer, for minimum £4million professional indemnity cover and public liability cover. Please note, the ARCH block insurance scheme is only available to paid-up members in the UK, and is not valid until membership is granted. For overseas applicants, please send a photocopy of your cover certificate.

Have you had any claims made against you with respect your practice? YES/NO

Are there any current claims outstanding against you? YES/NO

Have you ever been party to civil proceedings related to your professional practice? YES/NO

Have you ever had insurance refused or subject to loaded terms or increased premiums? YES/NO

Have you ever been disciplined by a professional or regulatory body in the UK or overseas? YES/NO

Have you ever been struck off any professional register? YES/NO

Have you ever been convicted of a criminal offence in the UK, Europe or overseas? YES/NO

If you answer YES to any of the above, please give full details on a separate sheet.

SECTION 5 – Supporting Evidence

Please supply a detailed CV and a current colour photograph of yourself. Please attach.

Please supply a resumé of how you became involved in complementary therapies and why you wish to join ARCH.

UK Only: Please supply a **basic disclosure**, under the Data Protection Act 1998 showing that you have not been prosecuted nor have a criminal Conviction. This is obtainable through www.disclosurescotland.co.uk/basicdisclosureonline/index.htm (there is a fee payable for this)
It is a condition of membership that you do not have a criminal conviction. It is important for members of the public to be reassured that the colonic therapist has no relevant criminal convictions, especially relating to a sexual nature.

SECTION 6 – Declaration

I certify that the above information is correct. I agree to abide by the Constitution of the Association of Registered Colon Hydrotherapists, and to its Rules and Code of Ethics which will be sent upon processing of your application.

The information contained herein may be used and stored securely by ARCH for the purposes of membership and for communications by post, electronically or via social media in accordance with GDPR 2018 guidelines.

UK only: I agree to register with the independent regulator (CNHC or GRCCT) as an integral part of my membership. (ARCH will verify your eligibility to the both)

I will advise ARCH of any future change(s) in my status.

Signed:

Dated:

Membership fees - you will receive an invoice for this. **Do NOT send any money with this application.**

Please tick to confirm necessary documents etc as below:

This form completed and signed

Copies of therapy certificates and/or current nursing registration

Copy of Colonic Hydrotherapy certificate

Copy of First Aid Certificate (HSE approved, “Emergency First Aid at Work”)

Copy professional indemnity and public liability insurance certificate

Detailed curriculum vitae

Current Colour photograph of yourself (passport size or larger)

Resumé of your involvement in CAM and why you wish to join ARCH

Disclosure & Barring Service report (formerly known as CRB check)

Please return completed form and supporting documents to:

**Jane Bush, Membership Secretary,
Gedling Colonics**

2nd Floor, 17A Main Road, Gedling, Nottingham, NG4 3HQ

Please note your application form will not be processed if you do not supply all the details requested.

What happens next:

Your application will be acknowledged and processed. If you qualified at an ARCH accredited school, you will be granted membership as long as your application meets with membership criteria. If you graduated from a non-ARCH accredited school and your application meets with membership criteria, you will be called for interview.