



Application for APA Student Membership

Thank you for your interest in becoming a member of the **Ayurvedic Practitioners Association (APA)**. In order to process your membership application, we request that you e-mail your application to: info@apa.uk.com. Please include the following

1. Your completed application form
2. Copy of your current enrolment status letter or current student ID card
3. Copy of your visa and work permit (if appropriate)

Once we have processed your application you will be sent a payment link, and upon receipt of payment, you will receive a system generated link to access the APA members section of the website. There you can download your annual Certificate of Membership, and manage your practice information.

The APA's subscription year commences in January of each year. Please contact the office for subscription rates for new practitioner members joining throughout the year.

In order to be environmentally friendly and to minimise our administrative costs, we will send most of our communications to you electronically. It is therefore necessary for all our members to have an **email address** and to keep your contact information up to date via the website should this address change.

If you have any further queries, please don't hesitate to contact us.

Yours sincerely,

A handwritten signature in black ink that reads 'Karolina Raczynska'.

Karolina Raczynska
(APA Secretary)

Are you currently a member of any other **professional body** in the UK or abroad?

Yes No

If yes, please give the name(s) and enclose a copy of your membership certificate(s). Please do NOT send copies of certificates from organisations that are not professional bodies:

Have any past or present formal allegations of professional negligence or misconduct in relation to your practice been made, or to be made, against you by a client or patient of yours, by another professional body or in a civil court in any country?

Yes No

If yes, please give details on a separate sheet.

Have you ever been suspended by, refused registration with, or struck off any register of another professional regulatory body?

Yes No

If yes, please give details on a separate sheet.

Do you suffer from any physical or mental health condition that would impair your fitness to practise? 1

Yes No

If yes, please give details on a separate sheet

Please note: Should the responses to any of these questions change in the future, you are required to notify the APA accordingly. Failure to declare any information considered to be relevant may result in action being taken. This may include removal from the APA register.

Visa/Work Permit

Do you require a visa or work permit to practise in the UK?

Yes No

If yes, please give details on a separate sheet.

English Proficiency

Are you proficient in reading, writing and speaking of the English language?

Yes No

I have read, and I agree to abide by, the APA Constitution and the Code of Ethics and Professional Conduct. I agree for my details to be held on the APA database, and to notify the APA should these details change. I declare that all information supplied in my application is, to the best of my knowledge and belief, true and accurate.

Signed:

Date: