

Application for APA 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. Copies of all professional certificates or letters relating to your Ayurvedic education and training
3. Copies of documents showing evidence of clinical training
4. Copy of current professional indemnity insurance certificate
5. Copy of your visa and work permit (if appropriate)
6. *Full member applicants only - Two references from someone who knows you in a professional capacity, preferably an APA member and/or your most recent employer.
7. *Full member applicants only – completed entrance criteria questionnaire

Once we have approved 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. Here you can download your annual Certificate of Membership, and manage your practice information.

Please note that it is the requirement of the APA membership to complete the **Professional Boundaries Course** within the 12 months of joining the APA. Please send the copy of the course certificate to the office by e-mail on completion. In order to register for the course please visit:

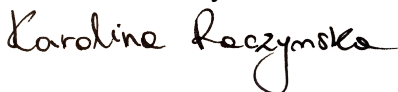
www.professionalboundaries.org.uk/training-dates/

The APA's subscription year commences in January of each year. Please contact the office for subscription rates for those new 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,



Karolina Raczynska
(APA Secretary)

Application for Membership Form (Confidential)

Please **complete** this form in CAPITALS and in black ink, tick all relevant boxes.
 Please scan and e-mail this form to: info@apa.co.uk

Title: Dr / Mr / Mrs / Ms	Male / Female
First name:	Surname:
Date of birth:	Nationality:
Home address:	
Email address:	
Home telephone:	Mobile:
Which category of membership are you applying for? (Full / Therapist)	

Professional Education and Qualifications

Ayurvedic Education:

Please specify the name and place of each institution in which you have studied, the course titles, the date of qualification and the length of each course. If you have studied on various short courses, please also specify what subjects you have covered on each course and the number of hours spent on each subject (use extra paper if necessary).

***NB – please check the Membership Entrance Criteria Documents and ensure you are including all the required documentation to support your application.**

Clinical internship: Please specify the length and location of your clinical training including dates. Please provide the proof of your internship study.

Clinical practice: Please specify number of years of practice and area of specialisation.

Other professional qualifications:

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?

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

Insurance Requirement

Are you currently protected by a policy of professional indemnity insurance?

- Yes (please enclose a copy)
 No, I would like to receive more information

Please note: All Full and Therapist members **must have professional indemnity insurance** and must send a copy of their new certificate each year at policy renewal.

All Applicants:

I wish to offer active assistance to the following APA committee(s):

- Education Pharmacopoeia Ethics Public Relations

I wish to support the APA in the following way(s):

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: