



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

Surname

First Names

Title

Gender

Date of Birth

Nationality

Home Address

Post/area Code

Home tel.

Mobile tel.

email address

Section 2 – Professional Details

Professional Name (if different from above)

Practice 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.

If applying for Full Membership do you wish to be listed on the General Naturopathic Council website?
YES/NO

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.

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.crb-online.org.uk (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, to its Rules and Code of Ethics and to the Manual of Good Practice and Hygiene which I will receive upon completion of the application process but prior to making payment. Payment to ARCH will constitute acceptance of the above documents.

UK only:

I am registered with an independent regulator either CNHC or GRCCT and attach a copy of my registration document.

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

I will advise ARCH should any criteria under Section 4 and 5 change.

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
- Copy of Colonic Hydrotherapy certificate or diploma.
- Copies of other relevant therapy certificates and/or current nursing registration
- Copy of First Aid Certificate (HSE approved, "Emergency First Aid at Work")
- Copy professional indemnity and public liability insurance certificate
- Disclosure & Barring Service report (formerly known as CRB check) <https://crb-online.org.uk>
- Detailed curriculum vitae
- Current Colour photograph of yourself (passport size or larger)
- Copy CNHC or GRCCT Registration Document

Please return the completed form and supporting documents to:

Abi Francis – ARCH Chair

Peggies, Beach Road, Woolacombe. EX34 7AE or

scan and email to abiarchchair@gmail.com

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 if your application meets with membership criteria. If you qualified at a non-ARCH accredited school, you will be granted membership if your application meets with membership criteria and the course can be evidenced as meeting the published National Occupational Standards for Colon Hydrotherapy (2017) and Core Curriculum (2018).

Processing of Personal Data Consent.

I accept that ARCH will hold personal data about me and I hereby consent to the processing by ARCH of my personal data for any purpose related to the performance of my contract of membership, to comply with a legal obligation, or for the purposes of the legitimate interests of ARCH, including, but not limited to, marketing.

I consent to ARCH providing my personal data to a third party where this is necessary for the performance of my contract of membership (for example, in relation to GNC membership, in regards to the ARCH Block Insurance scheme with Balens, or with the bank regarding direct debits), and to comply with a legal obligation, or for the purposes of the legitimate interests of ARCH.

Name:

Signature:

Date:
