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**Application Form for Membership:**

**September 2019-20**

Please fill in all relevant details, ensure you sign both the insurance section on p4 and the last section on p6, scan this form and all supporting documents.

Thank you.

**Return by email to:** **jo@rationale.co.uk** & **ckandreamountford@gmail.com**

**Or send by post to:** Andrea Mountford, 4 Vernolds Common, Craven Arms, SY79LP

|  |  |
| --- | --- |
| **Name** |  |
| **Home Address** |  |
| **Clinic Address(es) + postcode** |  |
| **Email** |  |
| **Mobile** |  |
| **Landline** |  |
| **Website** |  |
| **Mentor Name** |  |
| **Contact Details** |  |
| **Therapist Name** |  |
| **Contact Details** |  |

**CK Association Membership Fees**

This table outlines the fees and payment options for each practitioner level

|  |  |  |
| --- | --- | --- |
| **CK Association membership** | **BCMA individual member** | **Annual fee**  |
| **ACKRP:**Advanced Creative Kinesiology Registered Practitioner | Yes | **£120 (**inc £40 BCMA membership)**Payment options**a) £120 full feeorb) £125 total4 Payments: £65 followed by £20 x 3 payments: 1.12.19; 1.3.20 & 1.6.20 |
| **CKRP:** Creative Kinesiology Registered Practitioner | Yes | **£120 (**inc £40 BCMA membership)**Payment options**a) £120 full feeorb) £125 total4 payments: £65 followed by £20 x 3 payments: 1.12.19; 1.3.20 & 1.6.20 |
| **CKAP:**Creative Kinesiology Assessed Practitioner | No | **£70****Payment options**a) £70 full feeorb) £75 total4 payments: £30 followed by £15 x 3:1.12.19; 1.3.20 & 1.6.20 |
| **CKA Student:**Creative Kinesiology Association Student | No | **Free of charge** |
| **CKA Friend:** | No | **£10 – single payment** |

 **Qualifications - Kinesiology & Other**

**For new applicants only or for any renewal changes**

Please list the qualifications, both kinesiology and others that you would like to include on your CK Association website page, and BCMA listing (for Registered Practitioners only). Please use additional sheet if required.

**New applicants**: you will need to attach copies of your certificates to this application and include them on your insurance cover.

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification & Awarding Body / School of Training** | **Certification Date** | **Date of CKRP completion if applicable** | **Copy of Certificate attached** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CK Association Annual Mentoring, Personal Sessions & CPD Requirements (see CPD Guidelines for more details)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Personal Sessions** | **Mentoring Sessions** | **CPD requirements**  |
| **ACKRP** | At personal discretion (Can also be counted as CPD) | Minimum 4(Can also be counted as CPD) | 20 hours (Can include personal and mentoring sessions up to 10 hours) |
| **CKRP** | Minimum 4 for 1st 3 years, then at personal discretion(Can also be counted as CPD)(Min 2 when offering less than 10 client sessions/month) | Minimum 4(Can also be counted as CPD)(Min 2 when offering less than 10 client sessions / month) | 20 hours(Can include personal and mentoring sessions up to 10 hours) |
| **CKAP** | Minimum 4 | Minimum 4 | n/a |
| **CK Student** | Outlined in training prospectus | Included in training | n /a |
| **CK Friend** | n/a | n/a | n/a |

**Website Profile**

Members benefit from a personalised profile on the CK website, which can be completed and kept up to date by each member. Details of how to do that for new practitioners will be sent to you once your application is approved. In the event of lost log-in details for your profile please contact Vic Jenkins on vic@googlemail.com

Please note: if you delete or change your practice address please inform Vic Jenkins or Judith Hart so that we may update the practitioner map for you.

Vic: vic@googlemail.com Judith judith@mayanastrology.co.uk

**BCMA listings**

ACKRP & CKRP practitioners - your contact details and therapies will also be listed on the practitioner listing on BCMA website with a link to your email address.

**Professional Indemnity Insurance**

I, the undersigned, understand that it is my responsibility to carry ongoing public liability and professional indemnity insurance for a minimum of £1,000,000 (one million pounds). I confirm that I am aware of no claims, suits or any circumstances, which could reasonably lead to a claim being made, or action initiated against me.

Do you have any unspent criminal convictions? ☐ yes ☐ no

If yes, please give a brief description (and attach further details if necessary):

I am currently insured with: -------------------------------------------------------------

(**Please include a copy of your insurance certificate**)

**Signed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fees and Payment**

Please indicate your practitioner level and your chosen payment option: a) full fee or b) 4 payments payable by STO (incs £5 admin fee).

Payments for ACKRP & CKRP categories include the £40 fee for individual membership of the BCMA, which we pass on to them with your registration/renewal details. Other categories of CK Association member are affiliated to the BCMA through our Association membership.

Please tick the relevant boxes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Practitioner Level** | **Please** **Select** | **Fee Total** | **Please select****In Full?** | **Please select Instalments?** |
| ACKRP |  | £120 |  |  |
| CKRP |  | £120 |  |  |
| CKAP |  | £70 |  |  |
| Friend  |  | £10 |  | N/A |

I enclose a cheque for £\_\_\_\_\_\_\_\_\_\_ / have paid £\_\_\_\_\_\_\_\_\_\_ by bank transfer on

date:\_\_\_\_\_\_\_\_\_\_\_ Will pay instalments by Standing Order\_\_\_\_\_

Please make cheques payable to ‘Creative Kinesiology Ltd’ (see below for address details) and mark bank transfers & STOs with your name as a reference to:

Bank: The Co-Operative Bank

Account Name: Creative Kinesiology Ltd

Sort Code: 08-92-99

Account Number: 65411854

(your receipt will be emailed to you)

**Data Protection**

Creative Kinesiology Ltd is registered under the Data Protection Act. We adhere to GDPR guidelines and confirm that we will not give your details to any external mailing lists. Our full Privacy Policy is available on the website.

**I confirm that the information provided is correct and that I:**

* Have attached the relevant certificates for qualifications set out on page 2 (for new applications or changes to existing membership)
* Have attached any relevant certificates / proof of attendance for CPD
* Have signed the insurance declaration
* Have enclosed a copy of my insurance certificate
* Will abide by the BCMA Code of Conduct – and the Codes of Conduct for any other therapies that I am insured to practice
* Confirm that I would like to continue to receive the newsletter by email

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please scan this form and all supporting documents and

**Return by email to:** **jo@rationale.co.uk** **&** **ckandreamountford@gmail.com**

**Or by post to:** Andrea Mountford, 4 Vernolds Common, Craven Arms, SY79LP

**Additional information if required:**