

# General Council and Register of Naturopaths

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## APPLICATION FORM FOR ELECTION TO MEMBERSHIP

Please note that you must provide an answer to ALL questions. Failure to do so could result in a delay in the processing of your application.

### 1. PERSONAL INFORMATION

Professional name:	<input type="text"/>
Surname (if different):	<input type="text"/>
First Name:	<input type="text"/>
Other names in full:	<input type="text"/>
Nationality:	<input type="text"/>
Gender:	<input type="text"/>
Date of birth:	<input type="text"/>
Age on date of application:	<input type="text"/>

### 2. PROFESSIONAL EDUCATION

Name of naturopathic education institution:	<input type="text"/>
Address of naturopathic education institution	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Full or part time training:	<input type="text"/>
Professional and academic qualifications:	<input type="text"/>
	<input type="text"/>
Month and year of naturopathic qualification(s)	<input type="text"/>
Are you currently practising naturopathy?	<input type="text"/>
If no, please state reason, e.g. retired	<input type="text"/>
Are you a registered medical practitioner?	<input type="text"/>
If yes, please state your GMC registration number	<input type="text"/>

### 3. PROFESSIONAL INDEMNITY INSURANCE

Are you currently protected by a professional indemnity insurance policy? Y/N	<input type="text"/>
Name of current insurer?	<input type="text"/>
Have you ever been subjected to an increased premium or been quoted professional indemnity insurance on loaded terms? Y/N	<input type="text"/>
If you know why you were refused insurance or why your premium was loaded, please let us have this information.	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

**4. ADDITIONAL INFORMATION – CHARACTER AND PROFESSIONAL DISCIPLINARY RECORDS**

Have you been convicted of a criminal offence? Y/N

If Yes, please complete the following:

Your name(s) when the offence was committed

Date of Conviction	Offence and country where committed	Sentence – please be specific
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you been a party to civil proceedings related to your professional practise? Y/N

If Yes, please state the nature of these proceedings and whether any judgement was made against you:

Have you been struck off any professional register? Y/N

If Yes, please give details including Register(s) and date(s):

Have there been any other disciplinary findings made against you? Y/N

If Yes, please give details:

Are there any unresolved complaints against you? Y/N

If Yes, please complete the following:

Date of complaint	Details of complaint	Made to which Organisation?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. HEALTH AND FITNESS**

Have you ever had any medical problem other than minor illnesses, either physical or mental, which have prevented you from practising naturopathy? Y/N

If Yes, please give details:

I am registered with a General Medical Practitioner and the enclosed health reference request will be completed and returned to the GCRN. Y/N

I am not registered with a General Medical Practitioner and I require further details of how else the Registrar may be satisfied as to my good health. Y/N

## 6. PRACTICE AND CORRESPONDENCE DETAILS

### First practice details

Address line1	
Address line2	
Address line 3	
Town	
County	
Postcode	
Country	
Phone number	
Mobile number	
Fax number	
Email	
Website	

### Second practice details

Address line1	
Address line2	
Address line 3	
Town	
County	
Postcode	
Country	
Phone number	
Mobile number	
Fax number	
Email	
Website	

### Third practice details

Address line1	
Address line2	
Address line 3	
Town	
County	
Postcode	
Country	
Phone number	
Mobile number	
Fax number	
Email	
Website	

### Fourth practice details

Address line1	
Address line2	
Address line 3	
Town	
County	
Postcode	
Country	
Phone number	
Mobile number	
Fax number	
Email	
Website	

### Correspondence address (if different from first practice address)

Address line1	
Address line2	
Address line 3	
Town	
County	
Postcode	
Country	
Phone number	
Mobile number	
Fax number	
Email	
Website	

Please note that the correspondence address is necessary so that the Registrar and Secretary of the GCRN can contact you personally. The Secretary also has to notify you of details of General and other Meetings and of changes to the rules and regulations. If you would prefer us to write to you at your main practice address, leave this section blank.

This correspondence address will not be published or given out to members of the public.

**7. PHOTGRAPH**

Please attach two passport sized photographs to the application. A responsible person who has known you for at least two years and is not a relative must sign one of the photographs. That person must be resident in the UK or of the country you wish to practice and have a permanent address where we can contact them. Suitable persons might be registered naturopaths, a lawyer, a doctor, a police officer, a bank or building society manager, a minister of religion, a magistrate or a local councillor or Member of Parliament.

To be filled in by the person signing your photograph. Please tick the appropriate boxes.

I certify that:

I have know the applicant for at least two years

Please state how long:  Years

The photograph that I have seen is a true likeness

I have signed the back of the photograph

Signature:

Date:

Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Phone number	<input type="text"/>

**8. DISCLOSURE AND BARRING SERVICE**

Applicants are informed that the General Council and Register of Naturopaths meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974. All applicants seeking registration will be subject to an enhanced criminal record check from the Disclosure and Barring Service (formerly the Criminal Records Bureau), before the registration process is completed. This will include details of cautions, reprimands or final warnings, as well as convictions. Criminal records will be taken into account for registration purposes only when the conviction is relevant. The cost of obtaining the Disclosure is the responsibility of the applicant. The appropriate form can be supplied on request. Your completion of this form and your return of it to the GCRN signifies your agreement to this fact. Overseas applicants will be expected to provide the equivalent documentation. Contact the Registrar for more information.

**9. DECLARATION**

Applicants are reminded that any entry to the Register that is fraudulently procured will result in an investigation by the Registrar, who will make a report to the General Council. Any such fraudulently procured registration will result in your immediate suspension from the register, and/or the initiation of criminal proceedings.

**I declare that all information supplied in support of my application to register with the General Council and Register of Naturopaths is, to the best of my knowledge, accurate and true. I understand that the Registrar may take steps to verify any information supplied by me in support of my application. I further understand that this may include a visit to my principal practice and in the event any such visit is sought, I agree to co-operate fully.**

Signed: ..... Date: .....