

# APPLICATION FOR MEMBERSHIP



Please insert your details:

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

List your qualifications and enclose copies of your certificates/diplomas of the therapies that you wish to register. This must include one Oriental therapy.

Therapy	Level	Name of College or School	Date Qualified

If you are a student in training doing acupuncture or other therapy case studies approved by your training college please list these therapies.

Therapy	Level	Name of College or School	Date when the course began

- I agree not to advertise myself as a student in training doing acupuncture or other therapy case studies approved by my training college. To make clear to all those who are the subjects of my case studies that I am practising with student status which must be with my client's written consent.

Do you require our approved professional indemnity insurance ?

 Yes

 No

If you are already insured, please complete:

Insurance Company Name	
Valid Policy number	
Date of your insurance	

**Enclose or attach a copy of your current insurance certificate**

## Code of Professional Conduct and Safe Practice

**Declaration for Full Period of AcuC Membership.** I agree:

- To observe Acupuncture-Acuthery Council's Code of Ethics, Rules and Regulations and a Code of Professional Conduct and Safe Practice.
- As an acupuncturist to observe all government regulation, regarding registration with the local health authority, and comply with all its regulations. To use single use, pre-sterilised, disposable solid needles and discard each needle in a fit for purpose sharps box
- To have full current professional indemnity insurance.
- To behave in a strictly professional manner towards clients and fellow practitioners, refraining from any conduct that could bring themselves or their profession into disrepute.
- To recognise the limitations in my own professional competence and not to give advice and treatment in areas outside those covered by my professional qualifications.
- To safeguard at all times, the client's right to total confidentiality and avoid using a position of trust to exploit clients financially, sexually or in any other way.
- To take a case study of every client and to obtain a signed disclaimer form prior to starting treatment. To keep and maintain accurate records of all treatments given to every client. To retain these records for seven years to conform to laws on Data Protection and insurance.
- To follow good hygiene procedures and safe practice.
- To treat those under the age of 16 years only with the parent or guardian in the room and with their written consent.
- To never discriminate against any individual on the basis of religion, gender, race, sexual orientation or age and to act in the best interests of clients.
- To conform to Advertising Standards Guidelines and refrain from advertising on my leaflets or website claims to curing any medical conditions.
- To immediately report any complaints or criminal convictions made against me to AcuC and to also inform the insurance company that holds my professional liability insurance.
- To keep your therapeutic skills and knowledge up to date with CPD courses
- This code is subject to periodic review by the BAAC.
- I will inform you in writing of any changes in my mailing and /or practice addresses or telephone numbers
- I accept that Membership can be suspended at any time pending an investigation on conduct matters or due to breaches of the Code of Ethics, Rules and Regulations.

**Student member :**

- Not to advertise myself as a student in training doing acupuncture or other therapy case studies approved by my training college. To make clear to all those who are the subjects of my case studies that I am practising with student status which must be with my client's written consent.

Signature

Date:

• \_\_\_\_\_

Please complete this application form and submit online or by post **Membership, 54 Flecker's Drive, Hatherley, Cheltenham, GL51 3BD**

You can email a copy of your qualifications as a PDF or send them in the post **Membership, 54 Flecker's Drive, Hatherley, Cheltenham, GL51 3BD**

You will be quickly notified of your acceptance and membership will start on receipt of the annual membership fee of £45.

Payment can be made by cheque made out to "Bodyharmonics" or with an online PayPal payment.  
[www.acupuncture-acutheraPy.co.uk/](http://www.acupuncture-acutheraPy.co.uk/)