**THE ROYAL COLLEGE OF CHIROPRACTORS**

**MEMBERSHIP APPLICATION FORM 2018/2019**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1. **PERSONAL DETAILS** | | | | | |
|  | First name: |  | | Middle initial/s: | |  |
|  | Surname: |  | | Date of birth: | |  |
|  | Preferred title: |  | | Gender: (Delete as applicable) M/F | |  |
|  | Main clinic address: |  | | | |  |
|  |  |  | | | |  |
|  |  |  | | | |  |
|  |  |  | | Postcode: | |  |
|  | Mailing address: |  | | | |  |
|  | (if different from above) |  | | | |  |
|  |  |  | | | |  |
|  |  |  | | Postcode: | |  |
|  | Daytime telephone no: |  | | Mobile no: | |  |
|  | Email address:  (N.B. Most communications are sent by email) |  | | | |  |
|  | Level of membership applied for:  (tick box as appropriate) | |  |  |  | | --- | --- | --- | | □ PROVISIONAL (PRT) | □ LICENTIATE (LRCC) | □ FELLOW (FRCC) | |  | □ MEMBER (MRCC) | □ UNSURE | | | | |  |
|  | 1. **CHIROPRACTIC QUALIFICATIONS** | | | | |  |
|  | Primary chiropractic qualification:  (e.g. Diploma, MSc, MChiro etc.) |  | | Month/year of graduation: |  |  |
|  | Chiropractic college where primary qualification achieved: |  | | | |  |
|  | Month/year of GCC registration:  (UK applicants) |  | | GCC registration number: |  |  |
|  | Details of other chiropractic registering body:  (Overseas applicants only) |  | | Registration number/reference: |  |  |
|  | Have you completed the UK PRT programme?  (Delete as applicable) | | YES / NO | If YES, month/year of completion: |  |  |
|  | If NO, and you qualified within the last two years, please also complete and return the supplementary application form for PRT applicants, available on request. | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 1. **FORMAL POSTGRADUATE QUALIFICATIONS, IF APPLICABLE**   **\*PLEASE APPEND FULL COURSE DETAILS IF AVAILABLE, AND CERTIFICATE OR OTHER PROOF OF COMPLETION\*** | | | | | | | |  |
|  | **Qualification**  (e.g. PhD, MSc, PGDip, PGCert) | | **Subject** | | **Validating institution** | | | | **Month/year**  **graduated/expected** |  |
|  |  | |  | |  | | | |  |  |
|  |  | |  | |  | | | |  |  |
|  |  | |  | |  | | | |  |  |
|  |  | |  | |  | | | |  |  |
|  | | 1. **PROFESSIONAL CERTIFICATED LEARNING, IF APPLICABLE** | | | | | | | | |
|  | **Qualification**  (e.g. ICSSD, ICCSP, CCEP, DACBR, IAVC, Options for Animals (PCAC / DCAC / MPAC) etc.) | | | | **Month/year**  **graduated/expected** | | | | |  |
|  |  | | | |  | | | | |  |
|  |  | | | |  | | | | |  |
|  |  | | | |  | | | | |  |
|  |  | | | |  | | | | |  |
|  | | **THE FOLLOWING SECTIONS (5-8) ARE OPTIONAL AND PROVIDE THE OPPORTUNITY TO GAIN ADDITIONAL M-LEVEL CREDIT-EQUIVALENTS FOR OTHER ACTIVITIES AND ACHIEVEMENTS. THESE SECTIONS ARE LESS RELEVANT IF YOU HAVE FORMAL POSTGRADUATE OR CERTIFICATED QUALIFICATIONS.** | | | | | | | |  |
|  | | 1. **REFLECTIVE CPD, IF APPLICABLE** | | | | | | | | |
|  | | Please list the CPD events/activities for which you wish to claim M-level credits. You must attach a completed supplementary  [Reflective CPD Form](https://rcc-uk.org/wp-content/uploads/2016/10/Reflective-CPD-form_2016_7.docx)  for each CPD event/activity. | |  | | | | | |  |
|  | 1. **PRT TRAINING/MENTORING ACTIVITY, IF APPLICABLE** | | | | | | | | | |
|  | Please list any PRT training/mentoring activity you have undertaken, with dates. You must also attach a completed  [PRT Trainer Credit Form](https://rcc-uk.org/wp-content/uploads/2015/03/RCC-PRT-Trainer-Credit-Form.doc) | | |  | | | | | |  |
|  | 1. **OTHER PROFESSIONAL ACTIVITY, IF APPLICABLE** | | | | | | | | | |
|  | Please provide details of other significant professional activity, e.g. committee work, working with sports clubs, working at major sporting events:  (attach additional information if wished | | |  | | | | | |  |
|  | | 1. **PUBLICATIONS** | | | | | | | |  |
|  | | Please list below details of any peer-reviewed articles you have published | | | | | | | |  |
|  | |  | | | | | | | |  |
|  | 1. **MALPRACTICE** | | | | | | | | |  |
|  | Please state below whether there are any facts or matters currently known to you in respect of past acts or omissions which are or might become the subject of any criminal or fitness to practice measures/investigations.  (attach additional information if appropriate) | | | | | | | | |  |
|  |  | | | | | | | | |  |
|  | 1. **REFEREES** | | | | | | | | |  |
|  | Please provide the names and contact details, including email addresses, of two referees who must both be chiropractors of at least 5 years standing and who we may contact for a professional reference. | | | | | | | | |  |
|  | Referee 1: | | | |  | Referee 2: | | | |  |
|  | 1. **PAYMENT METHOD**  |  |  | | --- | --- | | □ DIRECT DEBIT | □ DEBIT/CREDIT CARD |   See Notes section 8 for full details | | | | | | | | |  |
|  | 1. **DECLARATION** | | | | | | | | |  |
|  | I declare that the information provided above is a true record. I understand that the RCC is committed to protecting my personal data and does not share, sell or swap personal data with other organisations. By signing the declaration below, I am consenting to the RCC using my personal information for the purposes of processing this application. If my membership application is successful, I understand that the RCC will use my personal data to maintain contact with me on a legitimate interests basis (please see the RCC’s Privacy Policy for details). | | | | | | | | |  |
|  | Signature:  (can be typed if submitting form electronically) | |  | | | | Date: |  | |  |
|  |  | | | | | | | | |  |
|  | **Please forward your completed application form to:**  Membership Officer  The Royal College of Chiropractors  Chiltern Chambers  St Peters Avenue  Reading RG4 7DH  United Kingdom  Email: admin@rcc-uk.org  Tel: +44 (0)118 9469727 | | | | | | | | |  |

**NOTES:**

1. Use this form to apply for any level of RCC membership, including Fellowship. Eligibility for Provisional Member, Licentiate Member (LRCC), Member (MRCC) or Fellow (FRCC) will be determined by the Court of Electors (Membership Committee) the decision of which is final.
2. Information about how the level of membership offered to an applicant is determined is available at <http://rcc-uk.org/?p=4369>
3. Applicants may initially be admitted to Provisional or Licentiate Membership while eligibility for other membership levels is determined / pursued
4. Applicants who appear to meet the requirements for entry to one or more of the College’s Specialist Faculties will be contacted with further details
5. The annual membership fee for 2018/19 is £312 (UK) and £125 (overseas). UK membership fees are **tax deductable** and can be paid by instalments (see note 8 below). You will be contacted for payment prior to membership admission
6. The RCC’s membership year runs from 1 October to 30 September. Applicants admitted part-way through the year pay a *pro rata* membership fee
7. PRT candidates (Provisional Membership Applicants) pay a different fee and should refer to, and complete, a supplementary PRT application form supplied on request
8. Payment options for the annual membership fee are as follows:

* Annual, quarterly or monthly Direct Debit
* Annual debit/credit card (via electronic invoice emailed to you or by phone)

1. The benefits of membership of The Royal College of Chiropractors are outlined in our membership brochure at <http://bit.ly/membership-brochure2018>