**THE ROYAL COLLEGE OF CHIROPRACTORS**

**MEMBERSHIP PROGRESSION FORM**

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|  | 1. **PERSONAL DETAILS** | | | | | | | | | | | | | | |
|  | First name: |  | | | | | Middle initial/s: | | | | | | |  | |
|  | Surname: |  | | | | | Date of birth: | | | | | | |  | |
|  | Preferred title: |  | | | | Gender: (Delete as applicable) M/F | | | | | | | |  | |
|  | Main clinic address: |  | | | | | | | | | | | |  | |
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|  |  |  | | | | | Postcode: | | | | | | |  | |
|  | Mailing address: |  | | | | | | | | | | | |  | |
|  | (if different from above) |  | | | | | | | | | | | |  | |
|  |  |  | | | | | Postcode: | | | | | | |  | |
|  | Daytime telephone no: |  | | | | | Mobile no: | | | | | | |  | |
|  | Email address: |  | | | | | | | | | | | |  | |
|  | Level of membership sought:  (Circle as applicable) | |  | | --- | | □ LICENTIATE (LRCC) | | □ MEMBER (MRCC) | | □ FELLOW (FRCC) | | □ UNSURE | | | | | | | If applying to progress within a specialist faculty, please name it here: | | | | | |  | |
|  | 1. **ADDITIONAL FORMAL 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** | | | **University** | | | | | **Date**  **graduated/expected** | | | |  | |
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|  | 1. **PROFESSIONAL QUALIFICATIONS, IF APPLICABLE** | | | | | | | | | | | | | | |
|  | **Qualification**  (e.g. ICSSD, ICCSP, CCEP) | | | | **Awarding Body** | | | | | | **Date**  **awarded/expected** | | |  | |
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|  | **THE FOLLOWING SECTIONS (4-8) 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 ADDITIONAL FORMAL OR PROFESSIONAL QUALIFICATIONS.** | | | | | | | | | | | | |  | |
|  | 1. **REFLECTIVE CPD, IF APPLICABLE** | | | | | | | | | | | | | | |
|  | Please list those CPD events/ activities for which you wish to claim M-level credits. If claiming credits in this section, you must attach a completed supplementary  [Reflective CPD Form](https://rcc-uk.org/wp-content/uploads/2020/09/Reflective-CPD-form.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. If claiming credits in this section, you must also attach a completed [PRT Trainer Credit Form](https://rcc-uk.org/wp-content/uploads/2020/09/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, with dates:  (attach additional information if relevant) | | |  | | | | | | | | | |  | |
|  | 1. **AWARDS** | | | | | | | | | | | | |  | |
|  | Please state below any awards achieved, with dates (e.g. PPQM, CMQM) | | | | | | | | | | | | |  | |
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|  | 1. **PUBLICATIONS** | | | | | | | | | | | | |  | |
|  | Please list below details of any peer-reviewed articles you have published | | | | | | | | | | | | |  | |
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|  | 1. **DECLARATION** | | | | | | | | | | | |  | |
|  | I declare that the information provided above is a true record. I note that the RCC reserves the right to check the veracity of my statements. | | | | | | | | | | | |  | |
|  | Signature:  (can be typed if submitting form electronically) | |  | | | | | | Date: | | |  |  | |
|  |  | | | | | | | | | | | |  | |
|  | **Please return your completed 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)1491 340022 | | | | | | | | | | | |  | |