**THE ROYAL COLLEGE OF CHIROPRACTORS**

**ORTHOPAEDICS, REHABILITATION & EXERCISE FACULTY APPLICATION FORM 2021/22**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | |
|  | First name: | |  | | | | | | | | | Middle initial/s: | | | | | |  | |
|  | Surname: | |  | | | | | | | | | | | | | | |  | |
|  | Email address: | | | | | |  | | | | | | | | | | |  | |
|  | Level of Faculty membership sought:  (Circle as applicable) | | | | | | |  |  |  | | --- | --- | --- | | □ ASSOCIATE | □ LICENTIATE – LRCC (Ortho) | □ FELLOW – FRCC (Ortho) | |  | □ MEMBER – MRCC (Ortho) | □ UNSURE | | | | | | | | | | | |  | |
|  | **2. ADDITIONAL FORMAL MODULES/QUALIFICATIONS THAT MAY BE RELEVANT TO THE OR&E FACULTY**  **\*PLEASE APPEND FULL COURSE DETAILS INCLUDING MODULE TITLES/SUMMARIES, AND PROOF OF COMPLETION\*** | | | | | | | | | | | | | | | | |  | |
|  | **Qualification**  (e.g. PhD, MSc, PGDip, PGCert) | | | **Subject** | | | | | | | **University** | | | | **Date**  **graduated/expected** | | |  | |
|  |  | | |  | | | | | | |  | | | |  | | |  | |
|  |  | | |  | | | | | | |  | | | |  | | |  | |
|  |  | | |  | | | | | | |  | | | |  | | |  | |
|  | **3. PROFESSIONAL QUALIFICATIONS THAT MAY BE RELEVANT TO THE FACULTY**  **\*PLEASE APPEND FULL COURSE DETAILS IF AVAILABLE, AND CERTIFICATE OR OTHER PROOF OF COMPLETION\*** | | | | | | | | | | | | | | | | | | |
|  | **Qualification** | | | | | | | | | | **Awarding body** | | | | **Date awarded/expected** | | |  | |
|  |  | | | | | | | | | |  | | | |  | | |  | |
|  |  | | | | | | | | | |  | | | |  | | |  | |
|  |  | | | | | | | | | |  | | | |  | | |  | |
|  | **THE FOLLOWING SECTIONS (4-6) 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.**  **4. 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. | | | |  | | | | | | | | | | | | |  | |
|  |  | | | |  | | | | | | | | | | | | |  | |
|  | **5. OTHER PROFESSIONAL ACTIVITY, IF APPLICABLE** | | | | | | | | | | | | | | | | |  | |
|  | Provide details of other significant professional experience or activity, e.g. committee work, in the OR&E field, including dates where appropriate.  (attach additional information as necessary) | | | | | | |  | | | | | | | | | |  | |
|  | **6. PUBLICATIONS** | | | | | | | | | | | | | | | | |  | |
|  | List below the references of any peer-reviewed or other articles you have published in the OR&E field. | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |  | |
|  | **7. DECLARATION** | | | | | | | | | | | | | | | |  | |
|  | * I wish to join the Royal College of Chiropractors’ Orthopaedics, Rehabilitation & Exercise Faculty (RCCOREF) * I declare that the information provided above is a true record * I understand that if admitted at Licentiate, Member or Fellowship level, my details (name, contact details, membership level and a link to my GCC Register entry) will be made publically available via the R&E Faculty Register on the RCC website. My preferred email address and phone number for this | | | | | | | | | | | | | | | |  | |
|  | | purpose are: | | | | Email | | | |  | | | Tel. |  | | |  | |
|  | * Please collect payment via my existing Direct Debit mandate □ **OR** please email me an electronic invoice for online card payment □ (tick box as appropriate)   **N.B. If you are not a current Licentiate, Member or Fellow of The Royal College of Chiropractors, a general membership application form must accompany this faculty application form.** | | | | | | | | | | | | | | | |  | |
|  | Signature:  (can be typed if submitting form electronically) | | | | | | | |  | | | | | | Date: |  |  | |
|  |  | | | | | | | | | | | | | | | |  | |
|  | **Please return your completed form to:**  Membership Officer  The Royal College of Chiropractors  Chiltern House  45 Station Road  Henley-on-Thames RG9 1AT  United Kingdom  Email: admin@rcc-uk.org  Tel: +44 (0)1491 340022 | | | | | | | | | | | | | | | |  | |

**NOTES:**

(1) Use this form to apply for any level of RCCOREF membership, including Fellowship. Eligibility for Associate Member, Licentiate Member [LRCC (Ortho)], Member [MRCC (Ortho)] or Fellow [FRCC (Ortho)] will be determined by the Court of Electors (Membership Committee), the decision of which is final.

(2) The initial, non-returnable application fee of £50 covers the cost of processing your application plus up to one year's faculty membership (i.e. until the end of the current membership year, which runs to 30th September). An annual membership fee (currently £50) will apply thereafter in addition to normal Royal College of Chiropractors subscription fee.

(3) Applicants who are existing Royal College of Chiropractors members will normally be awarded Associate Membership of the Faculty without delay, and will then be considered for Licentiate Membership, Full Membership or Fellowship of the Faculty, as appropriate, at the next biannual meeting of the college's Court of Electors.

(4) Information about how the level of membership offered to an applicant is determined is available at <http://rcc-uk.org/?p=831>

(5) The benefits of membership of The Royal College of Chiropractors are outlined in our membership brochure at <https://bit.ly/rcc-membership-brochure-21-22>

**APPENDIX – RCCOREF RELEVANCE STATEMENT**

When pursuing membership of a specialist faculty, the activity for which you are claiming credit must be relevant to that faculty. ‘Relevance’, in the context of the Royal College of Chiropractors’ Orthopaedics, Rehabilitation & Exercise Faculty, refers to study, research and/or other activity that is concerned with one or more of the following topics:

1. Disease of the joints and/or surrounding soft tissues
2. Muscular physiology
3. Muscular rehabilitation
4. Diagnostic imaging associated with joint disease and/or surrounding soft tissues
5. Movement and performance of joints, particularly the spine and pelvis
6. Nutrition and the biochemical structure of joints particularly the spine and pelvis
7. Psychological effects on the movement patterns and posture on the muscular skeletal system, particularly the spine and pelvis