**THE ROYAL COLLEGE OF CHIROPRACTORS**

**PRT REGISTRATION AND PROVISIONAL MEMBERSHIP APPLICATION FORM 2022/2023**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1. **PERSONAL DETAILS** | | | |
|  | First name: |  | Middle initial/s: |  |
|  | Surname: |  | |  |
|  | Preferred title: |  | Date of birth: |  |
|  | 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: | |  |  |  | | --- | --- | --- | | □ PROVISIONAL (PRT) |  |  | |  |  |  | | |  |
|  | Association:  (tick box as appropriate) | |  |  |  | | --- | --- | --- | | □ BCA | □ MCA | □ SCA | | □ UCA | □ None |  | | |  |
|  | Intended start date of your PRT programme: |  | |  |
|  | PRT TRAINER DETAILS (IF KNOWN) | | | |
|  | First name: |  | |  |
|  | Surname: |  | |  |
|  | Address: |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | Postcode: |  |
|  | Email address: |  | |  |
|  |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. **PRIMARY CHIROPRACTIC QUALIFICATION** | | | | | | | | | | | |  |
|  | Primary chiropractic qualification:  (e.g. MSc, MChiro etc.) | | |  | | | | Date of graduation: | | |  | |  |
|  | Chiropractic college where primary qualification achieved: | | |  | | | | | | | | |  |
|  | Date of GCC registration:  (UK applicants) | | |  | | | | GCC registration number: | | |  | |  |
|  | | 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** | | |  |
|  |  | |  | |  | | | | |  | | |  |
|  |  | |  | |  | | | | |  | | |  |
|  |  | |  | |  | | | | |  | | |  |
|  | | 1. **PROFESSIONAL QUALIFICATIONS, IF APPLICABLE** | | | | | | | | | | | |
|  | **Qualification**  (e.g. ICSC, DACBR, Options for Animals etc.) | | | | **Awarding Body** | | | | | | | **Date awarded/expected** |  |
|  |  | | | |  | | | | | | |  |  |
|  |  | | | |  | | | | | | |  |  |
|  |  | | | |  | | | | | | |  |  |
|  | 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**   The enrolment fee for the PRT programme is £250, which can normally be paid monthly by direct debit at £20.83 per month for 12 months. The fee includes all the benefits of Provisional Membership of The Royal College of Chiropractors. Our preferred payment method is monthly Direct Debit, but in some instances we may request full payment upon enrolment.   |  |  | | --- | --- | | □ DIRECT DEBIT | □ DEBIT/CREDIT CARD (full amount only) | | | | | | | | | | | | |  |
|  | 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:**  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 Provisional membership. Eligibility for Provisional Membership will be determined by the Court of Electors (Membership Committee), the decision of which is final.
2. The annual membership fee for PRT candidates (Provisional Membership Applicants) for 2022/3 is £250. UK membership fees are **tax deductable** and can be normally be paid by instalments (see note 6 below). You will be contacted for payment prior to membership admission.
3. Payment options for the annual membership fee are as follows:

* Annual 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 <https://bit.ly/rcc_membership_brochure_2023>