

**Membership Application Form**

**Please fill in and either email to** [**register@rictat.org**](mailto:register@rictat.org)

**Or print off and post to address below**

**We will consider your application and email you the invoice upon approval.**

**The subscription rates are published on the website.**

**Please pay your invoice promptly upon receipt so as not to delay your entry into the register.**

**Personal Details:**

Title:

Surname:

First Name:

Gender:

Date of Birth:

Nationality:

Home Address:

Postcode:

**Contact Details:**

Home Phone:

Mobile Phone:

Email address:

**Professional Details:** **(As you wish to appear on RICTAT Website)**

Professional Name:

Clinic Address, Including Post Code: (If more than one, please list)

Clinic Phone number/s:

Clinic Email:

Clinic Website address:

Facebook Page Link:

Twitter Page Link:

LinkedIn Page Link:

Instagram Page Link:

Does your Clinic have wheelchair access? YES / NO

**About You:**

When did you train as a colon hydrotherapist?

Where and with whom did you train? **You will need to provide copies of your certificates.**

How long have you **actively** been practicing colon hydrotherapy?

**Do you work full or part time?** Please give details of hours working.

**Other Therapies:**

Do you currently practice any other therapies? (Please give details)

**You will need to provide copies of your certificates.**

**Educational Qualifications:**

Please give details of any other educational qualifications.

**You will need to provide copies of your certificates.**

**Insurance Details: It is a requirement for RICTAT members to have professional indemnity and public liability insurance.**

**RICTAT members can apply for Insurance via Holistic Insurance Services with whom we have a block scheme and gives preferential rates for RICTAT members.**

Please provide details of your insurance provider. **You will need to provide copies of your certificates.**

**Other Information:** Is there anything else you wish to add about your professional activities or personal history, that is relevant, or you wish to include in this application?

**Please state why you believe that you are an Integrative Colon Hydrotherapist and want to join RICTAT.** (Personal statement for your web page, 500 words maximum)

**Please state what make and type of system do you use?**

Gravity **Yes/No**

Machine **Yes/No**

Open **Yes/No**

**Please confirm the following parts of equipment are fully disposed of after each treatment.**

Speculum **Yes No**

Inlet tube **Yes No**

Outlet tube **Yes No**

**Are you a member of any other Colonic Association?** Please give details.

**Please enclose a photograph of yourself, minimum passport size.** This will be used on your listing on our website.

**Do you wish to join GRCCT?** This is an independent voluntary regulator. YES / NO

It is **NOT** a condition of membership, and we can provide you with details if you are not aware of this.

**Do you have any criminal convictions? Yes No**

**Have you had any claims made against you in regard to your practice? Yes No**

**Are there any claims currently outstanding against you? Yes No**

**Have you ever been refused insurance or been given special terms or increased premiums? Yes No**

**Have you ever been the subject of a disciplinary procedure by a professional or regulatory body? Yes No**

**Have you ever been struck off a professional register? Yes No**

**Have you ever been refused insurance because of malpractice, criminal offences or other reasons? Yes No**

Please provide details if the answer to any of the above is Yes.

**Once you have become a RICTAT member you are required to undertake 30 Hours CPD.**

**It is a requirement of RICTAT that members should complete a minimum of 30 hours CPD (Continual Professional Development) within a 12-month period.**

This can be done by attendance at conference, study days, RICTAT on line courses or other related educational courses.

This will be annually assessed and the time of your membership renewal.

We will contact you with information of courses available, and you can also contact us for details if you have any particular requests.

Please confirm you are happy to comply with the above. **Yes No**

**Do you hold a current EFAW (Emergency first aid at work) certificate?**

It is a requirement for RICTAT members to hold a current first aid certificate (Valid for 3 years) Please provide a copy of your certificate.

**Declaration:**

**I declare that the information I have given is correct and complete.**

**I agree to abide by the rules and regulations required by RICTAT**

**If any of my circumstances change, I will notify RICTAT immediately, including any contact details.**

**If any complaint is made about or to me, I will contact RICTAT immediately.**

**Signed:**

**Date**

**Below is a checklist of items you will need to send in order to complete your application.**

**Please keep a copy of your application from for your own reference.**

**Use separate paper if you need to.**

**Signed and Dated Application Form**

**Copies of Colonic Certificates**

**Copy of Insurance Certificate**

**Copy of First Aid Certificate**

**Copy of any other Certificates**

**Photograph (as you wish it to appear on website page)**

**Personal Statement (up to 500 words)**

**Thank you for applying to join RICTAT. You can either email your application form to:**

[**register@rictat.com**](mailto:register@rictat.com)

**Or post to:**

**RICTAT Admin**

**1 Chapel School**

**St Nicholas Avenue**

**Sabden, Lancashire BB7 9HR**

**Tel: 01282777480**