

## Application to Register with the Complementary & Natural Healthcare Council (CNHC)

Name of Professional Association

Friends of Yoga Society (FRYOG)

Email Address

Date of Birth

Please can you check the details I have provided and then confirm that I am eligible for CNHC registration in the following discipline(s). If I am eligible, I give consent for you to provide my personal details to CNHC (*please tick*):

Yoga Therapy

Name

Signature

Date

Please return your completed Request to Register form with copies of your qualifications, insurance and completed character reference to Sarah Swan [sarah@swan-yoga.co.uk](mailto:sarah@swan-yoga.co.uk) or by post to 7 Weavers Way Twyford, Berks, RG10 9GX.

You can pay the administration fee of £15 by bank transfer to FRYOG at Cooperative bank Account Number: 65312678 Sort Code: 08-92-99, Reference CNHC Fee or by cheque made payable to FRYOG.

As soon as FRYOG has provided your details to CNHC, you will be sent an automated email from the CNHC inviting you to complete your registration and pay the CNHC registration fee online.

**The CNHC registration fee is £68 for your first discipline.**

Each additional discipline costs £10 up to your 4th discipline, after which there is no fee for additional disciplines.

*If you do not have an email address you can apply offline. Once the FRYOG has verified your application CNHC will send you postal information to complete and return to them to process. You will then receive a hard copy registration certificate via post.*

PERSONAL DETAILS					
Title:		Gender:			
Surname:		Forename/s:			
Address:					
Home Telephone:		Work Telephone:			
Mobile:		Email address:			
PROFESSIONAL INDEMNITY INSURANCE					
I confirm that I have Professional Indemnity Insurance to practise in the UK					
Company:					
Policy number:		Expiry date:			
QUALIFICATIONS					
I wish to submit my qualifications for verification that they meet the National Occupational Standards (NOS) and Core Curriculum required for registration with the CNHC					
AWARDING BODY	LEVEL	COURSE TITLE	COLLEGE	COMPLETION DATE	OFFICE USE ONLY (Delete as appropriate)
					VERIFIED/ NOT VERIFIED/ NOT APPLICABLE
					VERIFIED/ NOT VERIFIED/ NOT APPLICABLE
					VERIFIED/ NOT VERIFIED/ NOT APPLICABLE
					VERIFIED/ NOT VERIFIED/ NOT APPLICABLE

PLEASE NOTE THAT WE MUST HAVE PROOF OF **ALL** QUALIFICATIONS HELD. PLEASE ATTACH A COPY OF QUALIFICATION CERTIFICATE(S). **PLEASE DO NOT SEND ORIGINALS AS THESE CANNOT BE RETURNED.**

OFFICE USE ONLY	REFERENCE NO.	
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In addition to the above details you have already supplied, your application must be supported by a fully completed Character Reference form, which needs to be returned to the relevant Professional Association together with your Request to Register form.

**Name of Applicant**

**Address**

The above person has applied to join the Register of CNHC, the voluntary regulatory body for complementary health practitioners. In order to be eligible to be admitted to the Register, the applicant must satisfy CNHC that he/she is of good character.

A reference as to the applicant's character is to be provided on this form by a person of professional standing in the community, who is not a relative and who has known the applicant for at least 3 years. The referee must know the applicant well enough to make a judgement as to the applicant's integrity, trustworthiness and honesty.

People of professional standing include JPs, lawyers, accountants, health care professionals, religious officials or senior figures in business, the public sector or voluntary sector.

**Referee's Name**

**Occupation**

**Practice or Business**

**Contact Address**

**Telephone Number  
and Email address**

Please state in what capacity the applicant is known to you:

I am satisfied that, to the best of my knowledge, the applicant is of good character and fit for registration  
(please tick)

Or

The CNHC should be aware of the following details of the applicant's character, which might affect his/her suitability for registration:

**Signed:**

**Date:**