

*Application for membership
to*

**THE INTERNATIONAL FEDERATION
of
REFLEXOLOGISTS**



International Federation of Reflexologists

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London EC3V 0BP

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**THE LARGEST REFLEXOLOGY ORGANISATION
IN THE WORLD**

I AM APPLYING FOR THE FOLLOWING CATEGORY OF MEMBERSHIP :

FULL

OVERSEAS

ASSOCIATE

FRIEND OF I.F.R.

Section A

(to be completed by all categories)

FULL NAME (incl. Mr/Mrs/Miss)

Please write below how you wish your name to be shown on your membership certificate

DATE OF BIRTH ____ / ____ / _____

HOME ADDRESS _____

POST CODE _____ TELEPHONE NUMBER _____

E-MAIL ADDRESS (this will not be released to the public)

CLINIC ADDRESS _____
(IF RELEVANT)

POST CODE _____ TELEPHONE NUMBER _____

E-MAIL ADDRESS (this will not be released to the public)

DID YOU ATTEND AN I.F.R. ACCREDITED SCHOOL / COLLEGE (**YES / NO**)

If "YES" please give the name of your school / college and date examinations were taken

SCHOOL / COLLEGE NAME _____

DATE EXAMINATION TAKEN ____ / ____ / _____

IF YOU DID NOT ATTEND AN I.F.R ACCREDITED SCHOOL / COLLEGE AND DO NOT HOLD AN INTERNATIONAL EXAMINATION BOARD (I.E.B.) QUALIFICATION, YOU MUST COMPLETE **SECTION 'B'**

Section B

(There is no need to complete this section if you are applying to become a friend of the I.F.R.)

NAME OF SCHOOL / COLLEGE _____

ADDRESS

POST CODE _____

WAS YOUR COURSE FULL OR PART-TIME ? _____

IF PART-TIME, STATE NUMBER OF HOURS AT EACH ATTENDANCE _____

DURATION OF COURSE (in full days) _____

DATE OF COMMENCEMENT ____ / ____ / _____

DATE OF COMPLETION ____ / ____ / _____

DATE OF EXAMINATIONS :

THEORY ____ / ____ / _____

PRACTICAL ____ / ____ / _____

NAME OF SENIOR TUTOR _____

NAME OF OTHER TUTORS _____

NAME OF EXAMINATION BOARD (if not that of I.E.B. or I.F.R.)

QUALIFICATION OBTAINED _____

DO YOU HOLD A QUALIFICATION IN ANATOMY AND PHYSIOLOGY ? **YES / NO**

IF "YES" GIVE FULL DETAILS OF THE QUALIFICATION AND THE EXAMINATION BOARD
(N.B. A COPY OF THE QUALIFICATION MUST BE SENT WITH THIS APPLICATION).

Section C

DID YOU COMPLETE CASE STUDIES ? **YES / NO**

IF "YES" HOW MANY PERSONS ? _____

WHAT WAS THE AVERAGE NUMBER OF TREATMENTS FOR EACH PERSON ? _____

TOTAL NUMBER OF TREATMENTS GIVEN FOR CASE STUDIES _____

ADDITIONAL QUALIFICATIONS HELD

ARE YOU CURRENTLY INSURED FOR PROFESSIONAL AND PUBLIC LIABILITY ? **YES / NO**

IF "YES" IT IS IMPORTANT THAT A COPY OF YOUR POLICY IS ATTACHED TO THIS APPLICATION

IF YOU ARE NOT CURRENTLY INSURED PLEASE REFER TO THE FINAL PAGE :

THE I.F.R. OPERATES A SUCCESSFUL PUBLIC REGISTER AND WILL PASS ON THE THERAPISTS NAME AND TELEPHONE NUMBER TO ENQUIRING MEMBERS OF THE PUBLIC.

THERE IS NO EXTRA COST FOR THIS SERVICE.

PLEASE CHOOSE FROM THE OPTIONS BELOW BY SIGNING ACCORDINGLY AGAINST (a) or (b) :

(a) I WISH TO BE INCLUDED ON THE PUBLIC REGISTER

Signature _____

(b) I DO NOT WISH TO BE INCLUDED ON THE PUBLIC REGISTER

Signature _____

MEMBERSHIP FEES

Tick as appropriate :

	NEW	RENEWAL	UPGRADE
Full	£55.00	£45.00	-
Student	£22.00	-	£45.00 (to Full)

Please tick here if you are an existing member :

Date joined as a student member: ____ / ____ / ____

Associate	£55.00	£45.00	£45.00 (to Full)
Overseas	£55.00	£45.00	-
Friend of the I.F.R.	£25.00	£25.00	-

PLEASE MAKE CHEQUES FOR MEMBERSHIP PAYABLE TO **THE I.F.R.**

DECLARATION

I HAVE READ THE CONDITIONS FOR MEMBERSHIP, THE CODE OF ETHICS AND PRACTICE AND AGREE TO ABIDE BY THEM, AND BY THE GENERAL RULES OF THE I.F.R. INCLUDING THE DISCIPLINARY PROCEDURE.

Signature _____

Date ____ / ____ / ____

I ENCLOSE THE FOLLOWING DOCUMENTS (tick as appropriate) :

- 1 APPLICATION FORM
- 2 TWO COMPLETED CASE STUDIES (not required if holding an I.E.B. qualification)
- 3 COPY OF EACH QUALIFICATION HELD (including A & P)
- 4 COPY OF EXISTING ENSURANCE CERTIFICATE
- 5 CHEQUE FOR :
Student Upgrade Fee
Membership Fee

IMPORTANT !

ALL PAYMENTS FROM OUTSIDE OF THE U.K. MUST BE MADE BY INTERNATIONAL DRAFT.

INSURANCE

IF YOU ARE **NOT** INSURED, PLEASE CONTACT THE FOLLOWING
(stating that you are applying for membership of the International Federation of Reflexologists)

**H & L Balen and Co.
I.F.R. Block Scheme
2 Nimrod House
Sandys Lane
Malvern
Worcestershire WR14 1JJ**

Telephone 01684 893006

www.balen.co.uk

Upon receipt of your insurance certification from H & L Balen and Co., a copy of that document **MUST** be sent to the I.F.R. office without delay and within one month of membership application.

It is a condition of your membership of the I.F.R. that you have full insurance cover.

Failure to supply evidence of your insurance cover may result in termination of membership !

YOUR APPLICATION FOR FULL MEMBERSHIP CANNOT BE PROCESSED UNTIL ALL THE ABOVE APPROPRIATE MATERIAL HAS BEEN RECEIVED AT THE I.F.R. OFFICE.

