

*APPLICATION FOR MEMBERSHIP  
TO*

**THE INTERNATIONAL FEDERATION  
OF  
REFLEXOLOGISTS**



**International Federation of Reflexologists**  
76 Edridge Road, Croydon, Surrey CR0 1EF  
Tel: 0208 645 9134, Fax: 0208 649 9291  
E-Mail: [Info@IntFedReflexologists.org](mailto:Info@IntFedReflexologists.org)

**[WWW.IntFedReflexologists.org](http://WWW.IntFedReflexologists.org)**

**THE LARGEST REFLEXOLOGY ORGANISATION  
IN THE WORLD**

**I am applying for the following category of membership:**

**Full**

**Overseas**

**Associate**

**Friend of I.F.R**

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**Section A**

**(to be completed by all categories)**

FULL NAME (incl. Mr/Mrs/Ms)

.....

PLEASE WRITE BELOW, HOW YOU WISH YOUR NAME TO BE SHOWN ON YOUR MEMBERSHIP CERTIFICATE.

.....

DATE OF BIRTH ...../...../.....

ADDRESS (Home)

.....

.....

POST CODE ..... TEL. No. ....

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

.....

CLINIC ADDRESS (If Relevant)

.....

.....

POST CODE ..... TEL. No. ....

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

.....

**DID YOU ATTEND AN I.F.R. ACCREDITED SCHOOL/COLLEGE ? - YES / NO**

(If unsure the office will be able to answer this question for you)

**IF "YES" PLEASE GIVE THE NAME OF YOUR SCHOOL, AND DATE EXAMINATIONS WERE TAKEN:**

SCHOOL 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

(NB: A **COPY** OF THE QUALIFICATION MUST BE SENT WITH THIS APPLICATION)

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## 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 FOLLOWING PAGE !

THE I.F.R. OPERATES A SUCCESSFUL PUBLIC REGISTER AND WILL PASS ON THE THERAPIST'S 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 PUBLIC REGISTER

Signature .....

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

Signature .....

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### **MEMBERSHIP FEES**

*Tick as appropriate .....*

	NEW	RENEWAL	UPGRADE
<b>Full</b>	£55.00p	£45.00p	/
<b>Student</b>	£20.00p	/	£45.00p (to Full)

Please tick here if you are an existing student member:

Date joined as a Student Member ...../...../.....

<b>Associate</b>	£55.00p	£45.00p	£45.00p (to Full)
<b>Overseas</b>	£55.00p	£45.00p	/
<b>Friend of the I.F.R</b>	£25.00p	£25.00p	/

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

**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.....**

Tick as appropriate:

**I ENCLOSE THE FOLLOWING :**

- |  |                          |
|--|--------------------------|
| 1. APPLICATION FORM  | <input type="checkbox"/> |
| 2. TWO COMPLETED CASE STUDIES<br>(not required if holding an I.E.B. Qualification) | <input type="checkbox"/> |
| 3. COPY OF EACH QUALIFICATION HELD<br>(including A & P)                            | <input type="checkbox"/> |
| 4. COPY OF EXISTING INSURANCE CERTIFICATE  | <input type="checkbox"/> |
| 5. CHEQUE FOR :  |                          |
| Student Upgrade Fee  | <input type="checkbox"/> |
| Membership Fee   | <input type="checkbox"/> |

**IMPORTANT !**

**All payments from outside of U.K. must be made by International Draft.**

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

**H & L Balen & CO.  
I.F.R Block Scheme  
2 Nimrod House  
Sandy's 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 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 support material has been received at the IFR office.***