

UK Polarity Therapy Association

Please complete the declarations below for your application/ renewal * for membership of the

admin@ukpta.org.uk

Membership Application and Annual Renewal (on/or before 31st March).

UKPTA: (For your initial application to join you will need to complete sections 1 to 7 inclusive. For your subsequent annual renewal, you will need to complete sections 1, 4, 5, 6 and 7 only.) N.B. Please tick the check boxes that are appropriate. 1st line of address..... 2nd line of address..... Town/City......County Country......Postcode..... 1. I am applying for / renewing * my membership of the UKPTA as a **Registered Polarity Practitioner (RPP):** a) b) **Polarity Health Professional (PHP): Polarity Relaxation Practitioner (PRP):** c) (Student of Polarity) Notes: a) The UKPTA recognises an award of PTP by the International Polarity Education Alliance. So go to http://www.polarityeducation.org and apply for your PTP Certificate. You can then enclose this to support your application to the UKPTA) b) The UKPTA recognises an award of EPP by the International Polarity Education Alliance; you can enclose the certification to support your application to the UKPTA. The UKPTA recognises, for Polarity membership, the certificate for completing a Polarity Relaxation Course, or EPP / RPP training in progress, please supply your Certificate to support your application to the UKPTA, or whilst training to complete your PHP or RPP Education. Please see payment details below. Section 7. Page 3. 2. I have attached my certificate(s) of training in Polarity Therapy, in accordance with the **UKPTA Training Programme, that entitle(s)** me to apply to be recognised as a UKPTA member. UKPTA or Internationally recognised training school(s) attended:

Date Training completed...... Training Hours



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3. I have attached proof of identity consisting of either a copy of my leading proof of equivalent photographic proof of identity and that propagates details.	_
Email address:@@	
Tel: Mob:	
(email and telephone numbers are needed to register you on the UKPTA website which is process. Once registered you will receive an email confirming your application and you w members' area of our website and create your own web pages. You will have control over the content of these pages.)	
4. I agree to abide/continue to abide* by the requirements of the UKP specifically regarding Standards of Safe Practice, Continuous Prof Development (CPD) and the UKPTA Code of Ethics for all therapies agree to the terms and conditions of use of the UKPTA website and for the UKPTA to transfer limited information about me, from time processing my application/renewal of membership and to achieve	essional s practiced). I also d give my permission to time, as required in
*(the UKPTA has adopted the BCTC former Standards of Safe Practise, CPD requirement and code of ethics into its official Handbook, to comply with the demands of Voluntary Sel Regulation and I declare my intent to abide by these documents as a pre-requisite for applying for, and continuing as, a UKPTA member in the UK and Worldwide)	
 I have attached proof of valid and in-date insurance to cover my level of practice as a practitioner in the UK and agree to provide co of any renewals/changes to this insurance cover to the UKPTA. 	ppies
(Membership of the UKPTA qualifies you for discounted Insurance through Holistic Insura provides UKPTA members a special rate for professional indemnity insurance)	nce Services Ltd. HIS Ltd
6. I have completed / revised* my CPD documents and these are avaiupon request from UKPTA and:	lable for viewing
I undertake to complete 20 hours CPD in the next 12 months.	
I confirm that I have gained a qualification in First Aid and will keep my qualification up to date.	
(Ownership of CPD and First Aid Qualification is with each individual member)	



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- 7. I would like to pay my entry/annual subscription fee of £54 by the following method**: Always use your name as the ref.
 - By cheque made payable to U K P T A (Paid into your nearest BANK)
 - Pay online (see account details in checklist below)
 - Pay by standing order (12 equal monthly instalments), Currently £4.50 per month (see account details in checklist below) pls update UKPTA annually with your Insurance details and all other relevant details at renewal date each year (31st March).

(**Line- through options you don't intend to use)

Application/Renewal checklist: Please check you have completed the relevant declarations above and have enclosed the correct documents/payments with your application/renewal:

New Application	Renewal for Existing Members annually
Declaration 1,2,3,4, 5 and 7 completed	Declarations 1,4,5,6 and 7 only completed
Training certificate(s)	Valid Insurance
Valid Insurance / First Aid Certificate	Payment of £54.00
Payment of £54.00 (Cheque payable to UKPTA	(Cheque to UKPTA Paid into your nearest bank)
Paid into your nearest bank or pay online to	Preferred: Fastpay £54 Annually or pay by Monthly
UKPTA - (please use spaces between each character)	Standing Order: £4.50 online to UKPTA (please
Sort code 090154 , Acc Number 33576081)	use spaces between each character)
Using your name as the Reference	Sort code 090154 , Acc Number 33576081)
	Using your name as the Reference

*Delete as appropriate

Please sign below to acknowledge all of above relevant details appertaining to your Application or Renewal here:

Signature	.Date of completion/revision
Signature	.Date of completion/revision

On receipt of your payment to the UKPTA, an annual Certificate of Membership to the Association, and a Receipt will be issued to you via email.

If any of your details change, i.e. email, name, address, or telephone number, please advise a Counsel member by email (admin@ukpta.org.uk) (Registrar).

Registrar Address:

UKPTA c/o Graham Whiteman Chestnut Cottage, Backlands Farm, The Street, Charmouth, Bridport. DT6 6PN

Membership: Annual renewal - required on or before 31st March