



# UK Polarity Therapy Association

admin@ukpta.org.uk

## Membership Application and Annual Renewal.

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

**I declare that** *(Please print your full name)* .....of.

1<sup>st</sup> line of address.....

2<sup>nd</sup> line of address.....

Town/City.....County.....

Country.....Postcode.....

**1. I am applying for/renewing \* my membership of the UKPTA as a**

**a) Registered Polarity Practitioner (RPP):**

**b) Polarity Health Professional (PHP):**

**c) Polarity Relaxation Practitioner (PRP):**

**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.

c) The UKPTA recognises, for Polarity membership the certificate for completing a Polarity Relaxation Course, 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 UK Driving Licence or Passport or equivalent photographic proof of identity and that provides/confirms my address details.**

**Email address:** .....@.....

**Tel:** ..... **Mob:** .....

(email and telephone numbers are needed to register you on the UKPTA website which is a part of the registration process. Once registered you will receive an email confirming your application and you will then be able to enter the 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 UKPTA Handbook, specifically regarding Standards of Safe Practice, Continuous Professional Development (CPD) and the UKPTA Code of Ethics for all therapies practiced). I also agree to the terms and conditions of use of the UKPTA website and give my permission for the UKPTA to transfer limited information about me, from time to time, as required in processing my application/renewal of membership and to achieve associated benefits:**

\*(the UKPTA has adopted the BCTC former Standards of Safe Practise, CPD requirements and code of ethics into its official Handbook, to comply with the demands of Voluntary Self 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)

**5. 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 copies of any renewals/changes to this insurance cover to the UKPTA.**

(membership of the UKPTA qualifies you for discounted Insurance through Holistic Insurance Services Ltd. HIS Ltd provides UKPTA members a special rate for professional indemnity insurance)

**6. I have completed / revised\* my CPD documents and these have been uploaded onto the member's area of the UKPTA website and:**

• I undertake to complete 20 hours CPD in the next 12 months.

• I confirm that I have gained a qualification in First Aid will keep my qualification up to date.

(Ownership of CPD and First Aid Qualification is with the members)



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**7. I would like to pay my entry/annual subscription fee of £54 by the following method\*\*:**

- By cheque made payable to UKPTA
- 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) just update UKPTA annually with your Insurance details and all other relevant details at renewal date each year (31<sup>st</sup> 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:

<b><i>New Application</i></b>	<b><i>Renewal for Existing Members annually</i></b>
<i>Declaration 1,2,3,4, 5 and 7 completed</i>	<i>Declarations 1,4,5,6 and 7 only completed</i>
<i>Training certificate(s) Valid Insurance/ First Aid Certificate Payment of £54.00 (Cheque made payable to UKPTA or pay online to UKPTA Sort code <b>090154</b>, Account Number <b>33576081</b>)</i>	<i>Valid Insurance CPD documents updated Payment of £54.00 (Cheque made payable to UKPTA or pay by Standing Order : £4.50 online to UKPTA Sort code <b>090154</b>, Account Number <b>33576081</b>)</i>

\*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.....**

**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 (Registrar).**

**Registrar Address:**

**Graham Whiteman  
The Cottage, Old Mill House,  
Mill Lane, Sidlesham,  
Chichester. PO20 7LX**