



BRITISH COMPLEMENTARY MEDICINE ASSOCIATION
PO Box 5122, Bournemouth, BH8 0WG
Tel/Fax: 0845 345 5977
Website www.bcma.co.uk
Email: office@bcma.co.uk

BCMA CLINIC APPLICATION FORM

Name of Clinic Manager

Applicant's Name if different from above

Applicant's address

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Applicants telephone number e-mail address.....

CLINIC DETAILS

Name of Clinic

Address of Clinic

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How many are employed at the clinic

Types of service(s) provided.....

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Are all the employees qualified Please give details of employees and their qualifications

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If more space required please enter on a separate sheet.

Are the practitioner (s) insured Is the clinic insured

Cont.

NOTES

Please send copies of your Clinic's insurance and your practitioners insurance along with copies of your own and your employees (if any) qualifications.

Please also enclose copies of any brochures, pamphlets or other advertising material you have, marketing the clinic.

You will be contacted with inspection details when you application has been processed

Please send the above along with your cheque for £100 to the

BCMA, P.O. Box 5122, Bournemouth, Dorset, BH8 0WG