



**BRITISH COMPLEMENTARY MEDICINE ASSOCIATION**

PO Box 5122, Bournemouth, BH8 0WG

Tel/Fax: 0845 345 5977

Website [www.bcma.co.uk](http://www.bcma.co.uk)

Email: [office@bcma.co.uk](mailto:office@bcma.co.uk)

## **Independent School/College Membership Application**

Please answer all questions in full in block capitals to avoid unnecessary delays in considering your application.

### **Section 1. Name, Address and Contact Numbers.**

Full Name of your School/College: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_ email \_\_\_\_\_

Name of Principal: \_\_\_\_\_

### **Section 2. Supporting information (to be attached please)**

1. Confirmation of the overall duration of the formal training that your school/college offers in hours/months.
2. A summary of the training to be offered and a copy of the training syllabus.
3. An outline of the aims and objectives of your school/college.
4. A copy of the Code of Conduct with which members of your school/college must comply. (The BCMA code may be adopted)
5. A copy of your Complaints and Disciplinary Procedure. (The BCMA procedure may be adopted)
6. A list of your current teaching staff levels with their qualifications and their experience of delivering the therapy in question.

### **Section 3. Declaration**

I/We hereby apply for Independent School status within the British Complementary Medicine Association.

Upon request we will provide such other information as may be necessary to support my/our membership classification.

If we fail to do so or such information is deemed inadequate, a reclassification of my/our membership or termination may be taken by the BCMA as it determines.

I/We have read the BCMA Code of Conduct. I/We agree to comply with all its terms.

I/We have read the BCMA Complaint Investigation and Disciplinary Procedure.

I/We agree to comply with all its terms.

Please indicate by ticking the box if you NOT wish to have your details included on the BCMA website. No

I/We have insurance for the school, students and graduates must have insurance for practice (details should be attached with application)

I/We commit to maintain and, where appropriate, to raise our training, education and practice standards.

Signed on behalf of the school/college by:

Signature of Principal: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward your completed documents and supporting information,  
with your cheque for £200 to:**

BCMA, PO Box 5122, Bournemouth BH8 0WG  
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