



Application to Register with the Complementary & Natural Healthcare Council (CNHC)

Former STAT teaching member or qualified student - within the last two years

Name of Professional Association

Email Address

Date of Birth

I am a member of another AT

Professional Association (namely):

Society of Teachers of the Alexander Technique (STAT)

I give permission for you to check my details and then confirm that I am eligible for CNHC registration in the following discipline. If I am eligible, I give consent for you to provide my personal details to CNHC (*please tick*):

| Alexander Technique teaching | |
|------------------------------|--|
| Name | |
| Signature | |
| Date | |

Please return this completed Request to Register form direct to STAT, Grove Business Centre, Unit W48, 560-568 High Road, London, N17 9TA. Email: <u>enquiries@stat.org.uk</u> Tel: 020 8885 6524 A fee of £50 will be changed for each paper assessment. Refer to the appendix for more information.

As soon as STAT has provided your details to CNHC you will be sent an automated email from the CNHC inviting you to complete your registration and pay the CNHC registration fee online.

The CNHC registration fee is £70 for your first discipline.

Each additional discipline costs £10 up to your 4th discipline, after which there is no fee for additional disciplines.

If you do not have an email address you can apply offline. Once STAT has verified your application CNHC will send you postal information to complete and return to them to process. You will then receive a hard copy registration certificate via post.





Complementary & Natural Healthcare Council

| PERSONAL DETAIL | S | | | | | |
|-------------------------|-------------|---------------|-----------------|---------------------|---------------------|---|
| Title: | | | | Gender: | | |
| Surname: | | | | Forename/s: | | |
| Sumame. | | | | Forename/S. | | |
| Address: | | | | | | |
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| Home Telephone: | | | | Work Telephone | | |
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| PROFESSIONAL INC | | | | | | |
| I confirm that I have F | Profession | al Indemni | ty Insurance to | o practise in the U | K | |
| Company: | | | | | | |
| Policy number: | | | | Expiry date: | | |
| - | | | | | | |
| QUALIFICATIONS | | | | | | |
| I wish to submit my qu | | | | | al Occupational Sta | andards (NOS) and |
| Core Curriculum requ | ired for re | egistration v | vith the CNHC |) | | |
| | | | | | | |
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PLEASE NOTE THAT WE MUST HAVE PROOF OF **ALL** QUALIFICATIONS HELD. PLEASE ATTACH A COPY OF QUALIFICATION CERTIFICATE(S). (PLEASE DO NOT SEND ORIGINALS AS THESE CANNOT BE RETURNED).

| OFFICE USE | REFERENCE NO. | |
|------------|---------------|--|
| ONLY | | |





In addition to the above details you have already supplied, your application must be supported by fully completed Character Reference forms, which need to be returned to the STAT together with your Request to Register form. This is the first reference form.

| Name of Applicant | |
|-------------------|--|
| Address | |

The above person has applied to join the Register of CNHC, the voluntary regulatory body for complementary health practitioners. In order to be eligible to be admitted to the Register, the applicant must satisfy STAT and the CNHC that he/she is of good character.

A reference as to the applicant's character is to be provided on this form by an Alexander Technique teacher with at least 7 years' experience who is a member of STAT or a STAT Affiliated Society. The referee must know the applicant well enough to make a judgement as to the applicant's integrity, trustworthiness, honesty and current competence to practise.

| Referee's Name | |
|---------------------------------------|--|
| Occupation | |
| Practice or Business | |
| Contact Address | |
| Telephone Number and Email address | |

Please state in what capacity the applicant is known to you:

I am satisfied that, to the best of my knowledge, the applicant is of good character and fit for registration (*please tick*)

Or

The CNHC should be aware of the following details of the applicant's character, which might affect his/her suitability for registration:

Signed:

Date:



Character Reference Form 2

In addition to the above details you have already supplied, your application must be supported by fully completed Character Reference forms, which need to be returned to the STAT together with your Request to Register form. This is the second Character Reference form.

| Name of Applicant | |
|-------------------|--|
| Address | |

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Signed:

Date:

Appendix

Applications from students who have qualified from a Verifying Organisation (STAT) approved training course within the last two years and former Verifying Organisation (STAT) members who left the Verifying Organisation (STAT) within the last two years.

Applicants who in the last two years have *either* successfully completed their training on one of the CNHC approved courses *or* were a member of an Alexander Technique Professional Association that operates as a Verifying Organisation (in this case STAT) can apply for a paper assessment.

For a paper assessment the applicant will apply to the Verifying Organisation (in this case STAT) with which they were last a member, or failing that with which they trained. Applicants will need to confirm, via the CNHC website, which of the aforementioned PAs are currently offering this service.

The applicant will provide the following information:

- details of their training and teaching experience in the last two years
- their continuous professional development
- the names, status, organisation and contact details of two referees: one of whom is an Alexander Technique teaching member from the recognised PA (in this case STAT), with whom they were a member or trained, with at least 7 years' experience. The other an Alexander Teacher or other person who has known the candidate for at least 3 years.

Applicants will be assessed according to the procedures of the Verifying Organisation (STAT).