



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

All other applicants - panel assessment

Name of Professional Association	Society of Teachers of the Alexander Technique (STAT)				
Email Address					
Date of Birth					
I am a member of another AT					
Professional Association (namely):					
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: enquiries@stat.org.uk Tel: 020 8885 6524

A fee of £180 for will be charged for a panel 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.





PERSONAL DETAIL	S						
Title:				Gender:			
Surname:				Fo	rename/s:		
Address:							
Home Telephone:				Wo	ork Telephone	:	
Mobile:	Email address:						
PROFESSIONAL INI	DEMNITY	INSURAN	ICE				
I confirm that I have F	Profession	nal Indemni	ity Insurance	to pr	actise in the UI	K	
Company:							
Policy number:	E			Е	expiry date:		
QUALIFICATIONS							
I wish to submit my que Core Curriculum requ					neet the Nationa	al Occupational Sta	andards (NOS) and
AWARDING BODY		LEVEL	COURSE		COLLEGE/ SCHOOL	COMPLETION DATE	OFFICE USE ONLY (Delete as appropriate)
							VERIFIED/ NOT VERIFIED/ NOT APPLICABLE
							VERIFIED/ NOT VERIFIED/ NOT APPLICABLE
							VERIFIED/ NOT VERIFIED/ NOT APPLICABLE
							VERIFIED/ NOT VERIFIED/ NOT APPLICABLE
DI EASE NOTE THAT	WE MIIS	T HAVE D			LIALIFICATION	JS HELD PLEASE	ATTACH A COPY OF

QUALIFICATION CERTIFICATE(S). (PLEASE DO NOT SEND ORIGINALS AS THESE CANNOT BE RETURNED).

OFFICE USE

ONLY

REFERENCE NO.



Character Reference Form 1

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.						
with at least 7 Professional	7 years' experi Associations.	ience who is preferably	a member the applica	on this form by an Alexander Technique teacher of STAT or one of the CNHC recognised cant well enough to make a judgement as to the impetence to practise.		
Referee's	Name					
Occupation	on					
Practice of	or Business					
Contact A	Address					
	e Number I address					
Please state	in what capac	ity the applicant is know	n to you:			
1 iodos state in infat supulsty 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						
Addres	SS						
health pra		er to be eligible to be ad		the voluntary regulatory body for complementary the Register, the applicant must satisfy STAT and			
in the com	A reference as to the applicant's character is to be provided on this form by a person of professional standing in the community, who is not a relative and who has known the applicant for at least 7 years. The referee musknow the applicant well enough to make a judgement as to the applicant's integrity, trustworthiness and						
nonesty. People of professional standing include JPs, lawyers, accountants, health care professionals, religious officials or senior figures in business, the public sector or voluntary sector or another Alexander Technique teacher.							
Refere	e's Name						
Occup	ation						
Praction	ce or Business						
Contac	ct Address						
	one Number nail 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:				

Appendix

Applicants who have not qualified from a CNHC approved training course, or have not been in STAT membership for more than 2 years, need at least three years' experience of teaching the Alexander Technique to meet CNHC requirements for admission to the register.

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, at least one of whom must be an Alexander Technique teacher with at least 7 years teaching experience (a member of STAT) and one an Alexander Teacher or other person who has known the candidate for at least 3 years.

Applications will be considered by an assessment panel (see below), which the applicant will be required to attend.

Applicants are required to send the following (at least two weeks prior to the meeting with the assessment panel):

- Details of their training (transcript or syllabus) including a copy of their Certificate or letter confirming qualifications
- A summary of their Continuous Professional Development to date.
- A summary of their teaching experience to date.

(**Note:** Applicants are advised **not** to send original documents through the post but will need to bring these with them when they attend the assessment panel).

Applicants will also need to bring with them a signed copy of the CNHC Code of Conduct which can be found on the CNHC website.

The assessment process will involve a teaching demonstration and an interview. The criteria for the assessment will be based on the Accreditation of Prior and Experiential Learning (APEL) document1 criteria.