



APPLICATION FOR STUDENT MEMBERSHIP

2017

PLEASE COMPLETE IN BLOCK LETTERS

Title: Mr / Mrs / Ms / Miss (delete not applicable)

Surname:

Forename(s):

Date of Birth:

Address:

_____ Post Code: _____

Telephone: (Including Area Code)

Mobile:

Email:

Professional training

At which University did you study?

Date you commenced your training:



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Date you are expected to complete your training:

To the Executive Committee of The Institute of Chiropodists and Podiatrists

Having duly read and understood the qualification for student membership and the Ethical Rules and completed the application form overleaf, I wish to apply for admission as a Student of The Institute of Chiropodists and Podiatrists, in accordance with the Memorandum and Articles of Association and the Bye-Laws, Rules and Regulations thereof for the time being in force.

I hereby undertake not to engage in advertising outside of the regulations currently permitted by the Board of Ethics. (Details of which are contained in the Bye-Laws).

Should my application be accepted, I do solemnly declare that, as an Associate of The Institute of Chiropodists and Podiatrists, I will observe the conditions of the Memorandum and Articles of Association and Bye-Laws of the Institute, Ethical and other Rules and Regulations thereof; and I will conduct myself honourably in the practice of the profession, and maintain the dignity and welfare of the Institute.

I certify that I do not suffer from any physical or mental condition that could adversely affect me from safely and competently practising foot healthcare.

I declare that to my knowledge, I do not suffer from any condition or illness that may be contracted by, or be a danger to, a third party.

I warrant that my answers to the attached questions form the basis of my application for Associate membership and that any error shall entitle the Association to refuse to admit me or to cancel my membership if any error shall be ascertained subsequently to my having been admitted to membership.

Applicant's signature: _____

Date: _____



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Witnessed by:

Name: _____

Occupation: _____

Address: _____

_____ Post Code: _____

Signature: _____ Dated: _____