



Application for membership

Members: A candidate for admission to Membership of the Institute of Chiropodists and Podiatrists must possess the qualifications required by the Health and Care Professions Council for registration as a Chiropodist/Podiatrist (UK Members). The application must be made in writing and addressed to the Secretary of the Institute on the form prescribed in the appropriate schedule of the Bye-Laws.

Applicants must:

- a) Satisfy the Board of Education and Ethics of the Institute that he/she is of good character.
- b) Satisfy the Board of Education and Ethics of the Institute that he/she is in good health, both physically and mentally.
- c) Have completed a course of study recognised by the Board of Education of the Institute.
- d) Be Registered (or eligible for registration and are in the process of application) as a Chiropodist/Podiatrist on the Chiropodists and Podiatrists part of the Health and Care Professions Council Register or be Registered with the Department of Health in the Republic of Ireland.
- e) Inform the Institute of any current, pending, or potential complaints, claims, sanctions or other disciplinary or potential disciplinary matters, from whatever source. In the event of any of the foregoing developing subsequent to application or after admission they must immediately inform the Board of Ethics via Head Office.

Designatory letters: A Member may use after his/her name the post-nominal appropriate to his status with the Institute, for example MInstChP, FInstChP, CFPodM, but any person who has for any reason ceased to be a Member, Fellow or Consultant Fellow shall not after the date on which he/she ceases, describe or in any way refer to himself/herself as a Member of the Institute, nor use any words or letters representing himself/herself to be a Member, nor shall he/she refer in any professional announcement to his/her past connection with the Institute as a Member. Members with an appropriate qualification recognised by the Institute College of Podiatric Surgeons may, upon being granted formal written recognition by the College, use ACPodS, MCPodS or FCPodS as appropriate to their confirmed status with the College. Post or pro nominals granted by a UK university or other organisation recognised by the Institute must be used accurately in line with their accepted UK use.

The Certificate of Membership must be returned to the Institute on cessation of Membership.

*PLEASE COMPLETE THIS FORM IN BLOCK LETTERS



The Institute of Chiropodists and Podiatrists

Application for Membership

Personal information:

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

Surname: _____

Forename(s): _____

Date of Birth: _____

Address: _____

Post Code: _____

Tel. (*Inc. Area Code*): _____ Mobile: _____

Email: _____

Professional qualifications:

HCPC Registration number (DOHI in the Republic of Ireland): _____

Where did you receive your training? _____

(*please enclose copies of your training/CPD certificates where applicable*)

How long have you been practicing? _____

Details of your current First Aid/Emergency Aid Qualification: _____

Practice details:

Particulars of practice: *Surgery only / Surgery & Domiciliary / Domiciliary only (**delete not applicable*)

Practice / Employer's name: _____

Practice address: _____

Post Code: _____

Telephone (*Inc. Area Code*): _____



The Institute of Chiropodists and Podiatrists

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How did you hear about us? _____

What do you want/hope from your Membership? _____

Insurance & Ethics:

- Do you currently hold Professional Indemnity insurance cover? Yes No
- Whilst in practice, have you had any claims made against you, this includes Insurance; Fitness to Practice; and/or any ethical claims? * Yes No
- If you've answered 'yes' to the above, do you have any insurance claims pending? Yes No
- Have you ever been refused insurance cover to practice chiropody/podiatry? Yes No
- Have you ever been disciplined or declined membership of any other organisation? Yes No
(If you've answered 'yes' you will be asked for further information)
- Do you belong to any other Chiropody/Podiatry organisation? Yes No

If you've answered 'yes' to the above, please give details below (continue on back as required):

**Failure to disclose information concerning such claims could result in your application/membership being cancelled immediately*



The Institute of Chiropodists and Podiatrists

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Fees:

Fees are only payable after your membership application has been accepted

Annual Subscription: £250.00 [2019] **plus** £25.00 compulsory administration fee

Optional Insurance:

- Details of the Insurance are contained in the enclosed Summary of Cover.
- Members not joining the Institute's Insurance Scheme, are required to furnish proof of insurance.
- Fees are payable on acceptance and thereafter on 1st January each year.
- You must advise us of any material facts that may affect your cover - if you are in any doubt about whether facts are material, you must inform us - failure to do so could affect the validity of your policy.

Option 2: Basic insurance **plus** cover for Chiropody / Podiatry, - including the treatment of cutting fingernails for patients who are unable to do this for themselves. Also includes cover for Complementary Treatments (including Aromatherapy and/or Reflexology and/or Acupuncture [below the knee only]) and/or Manicures and/or Pedicures and/or Cryotherapy. *£135.79 [2019]*

Option 3: Basic insurance **plus** cover for Chiropody / Podiatry, - including the treatment of cutting fingernails for patients who are unable to do this for themselves. Also includes cover for Complementary Treatments (including Aromatherapy and/or Reflexology and/or Acupuncture [below the knee only] and/or homeopathy/herbal remedies [lower limb only]) and/or Manicures and/or Pedicures and/or Cryotherapy and/or Laser Therapy. *£197.39 [2019]*

Option 4: Basic insurance **plus** Chiropody/Podiatry, - including the treatment of cutting fingernails for patients who are unable to do this for themselves. Also includes cover for Complementary Treatments (including Aromatherapy and/or Reflexology and/or Acupuncture [up to and including the knee]) and/or homeopathy/herbal remedies [lower limb only]) and/or Manicures and/or Pedicures and/or Cryotherapy and/or Laser Therapy. Option Four includes cover for Local Anaesthesia by injection and/or Invasive Surgical Procedures and/or Prolotherapy/PRP Treatment (also known as Vampire Treatment) and/or Vesalius Bladion Molecular Resonance Generator Surgery Devices and/or Prescription Only Medicines and/or Antibiotic Administration and/or Injection Therapy (including Prescription Only Medicines) and/or Diagnostic Ultrasound and/or Cryoanalgesia Treatment and/or Dermal Filler Injections and/or Joint Mobilisation Techniques (up to and including the knee joint). *£202.99 [2019]*

Option 5: Bespoke insurance packages, including those applicable to qualified members of the Institute's College of Podiatric Surgeons. *£ Individually Underwritten*



The Institute of Chiropodists and Podiatrists

Application for Membership

Declaration:

To the Executive Committee of The Institute of Chiropodists and Podiatrists

Having duly read and understood the qualification for Membership and the Ethical Rules and completed the attached Schedule, I wish to apply for admission as a Member of The Institute of Chiropodists and Podiatrists, in accordance with the Memorandum & 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 a Member of The Institute of Chiropodists and Podiatrists, I will observe the conditions of the Memorandum & 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 practicing podiatry. 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 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: _____ Dated: ____/____/____

Witnessed by (name): _____

Occupation: _____

Address: _____

Signed: _____ Dated: ____/____/____