

Application for BIHMC Membership

British Islamic Holistic Medical Council

Please complete this application form using block capitals. Remember to include your post code where required as it is vital for processing the application. Please complete all sections of this form where relevant and ensure that it is signed. Incomplete forms will not be processed and will be returned. Please keep a copy of this application form for your own records.

MEMBERSHIP NO.



1. Personal Details

Title:	Surname:
Forename:	
Middle name/s:	
Male <input type="checkbox"/> Female <input type="checkbox"/> Please tick	Date of Birth DDMMYYYY <input type="text"/> <input type="text"/> <input type="text"/>
Nationality:	
Country of birth:	No. of years in the UK <i>If not born in UK</i>
National Insurance No:	
British Passport No:	Date of Expiry DDMMYYYY
Non-British Passport No:	Country of Issue:

Affix TWO recent
passport-sized
photographs above

Home Address

Door / Flat No:	House / Building Name:
Street:	
Town:	City:
County:	Post Code:
Country <i>Please tick</i> <input type="checkbox"/> England <input type="checkbox"/> Wales <input type="checkbox"/> Scotland <input type="checkbox"/> Northern Ireland	

Contact Numbers *Include STD code*

Home Tel:	Mobile Tel:
Home Fax No:	Email:

2. Business / Practice Details *If different from above*

Business Name:
Address:
Post Code:

Business / Practice Contact Numbers *Include STD code*

Tel:	Mobile Tel:
Fax No:	Email:
Website:	
Year business / practice established: DDMMYYYY	<input type="text"/> <input type="text"/> <input type="text"/>

Security Question *Please tick TWO questions*

<input type="checkbox"/> Mother's maiden name	<input type="checkbox"/> Name of pet	<input type="checkbox"/> Favourite colour	<input type="checkbox"/> Name of first school
Security Answer 1:	Security Answer 2:		

3. Qualifications

Please note that you must provide proof of all qualifications held. Enclose original certificates with this application. Photocopies will not be accepted. All original documents will be returned safely. If you are awaiting certification, please forward an original letter, on college letter-headed paper, confirming your pass, course title and awarding body. This letter must be signed by your tutor.

Professional qualifications, certificates and diplomas:

Awarding body*	Level	Course Title	College Name

* The Awarding Body is the organisation or institution that issued your certificate (For example: VTCT, City & Guilds, ITEC, BIHMC, etc)

Please state what treatments you are qualified to perform:

4. Membership

BIHMC FULL MEMBER

A minimum of two years medical (Complementary or Conventional) experience and a qualification through a BIHMC recognised college. Members will receive a Member Certificate (renewable each year), an ID card, preferential admission rates for seminars and talks, competitive insurance rates, discounts off medical equipment, etc, preferential bookings for seminars and an opportunity to join the BIHMC referrals scheme. Full members are entitled to use the initials “MBIHMC”.

BIHMC AFFILIATE

Open to Senior Practitioners who do not hold a formal qualification, but who have extensive experience and an established practice which has run for more than five years. Senior practitioners with complementary medical experience but no recognised medical qualifications may join after an interview by the council selection committee. In addition, they will need to be proposed and seconded by two existing members of the BIHMC. Affiliate Members will receive an Affiliate Member Certificate (renewable each year), an ID Card, the BIHMC Newsletter, preferential admission rates for seminars and talks, competitive insurance rates, discounts off medical equipment, etc, preferential bookings for seminars and an opportunity to join the BIHMC referrals scheme. Affiliate members are entitled to use “BIHMC Affiliate Member”.

BIHMC STUDENT

Open to students at BIHMC recognised colleges (Complementary and Conventional). Student members will receive a Student Member Certificate (renewable each year), an ID Card, the BIHMC Newsletter, preferential admission rates for seminars and talks, competitive insurance rates, discounts on medical equipment, etc, and preferential bookings for seminars. Student members are entitled to use “BIHMC Student Member”.

Please Note: Some qualifications may not cover the whole body or every aspect of the therapy to industry standards. If this is the case, then we can welcome you as a BIHMC Affiliate. Affiliates receive the same benefits as a BIHMC Member, however, listings on the website will show the specific skills and areas of qualified treatment e.g. ‘Basic Hijama massage for the arm and back’. The British Islamic Holistic Medical Council (BIHMC) reserves the right to allocate the appropriate membership grade. For advice, please email: info@bihmc.org.uk

5. Membership Fees & Costs

Fees are renewable annually. All fees are valid at the time of print. The British Islamic Holistic Medical Council (BIHMC) reserves the right to amend fees without prior notification. Membership fees are non-refundable.

Please tick

- | | | |
|--------------------------|-------------------|---------|
| <input type="checkbox"/> | BIHMC Full Member | £150.00 |
| <input type="checkbox"/> | BIHMC Student | £90.00 |
| <input type="checkbox"/> | BIHMC Affiliate | £150.00 |

BIHMC Code of Ethics & Professional Practice may be downloaded free from the Members' area of the website.

Please tick

- | | | |
|--------------------------|-----------------------|------------------|
| <input type="checkbox"/> | Request copy on disk | £5.00 incl. P&P |
| <input type="checkbox"/> | Request copy on paper | £10.00 incl. P&P |

Clinical Waste Collection Service Costs

Service	EWC	Used for	QTY	Price per lift
<i>Please tick</i>				
<input type="checkbox"/> 60L Theatre Unit	18 01 03	All Blood soiled cups Pumps, Used Cups Non blood soiled	1	£36.50
<input type="checkbox"/> 30L Theatre Unit	18 01 03	All Blood soiled cups Pumps, Used Cups Non blood Soiled	1	£27.50
<input type="checkbox"/> 1L Sharps Unit	18 01 03	Needles & Small Blades	1	£13.00
<input type="checkbox"/> 60L Orange Clinical Waste bag	18 01 03	Cotton Wool Gloves, Couch Roll's Paper Towels, Soft Blood Soiled items	1	£4.50
Hazardous Waste Consignment Notes			Per lift	£10.00
Clinical Waste Collection Administration			Per lift	£30.00

Please note that for the Hazardous Waste Collections per annum, a Government charge of £10 per collection must be levied to cover the cost of consignment paperwork. This is applied *per collection* and not *per item*.

The above prices are inclusive of all costs except VAT. The British Islamic Holistic Medical Council (BIHMC) charges for your Waste Transfer Note. We charge a collection fee, disposal charges, and other service charges and other charges to be taken into account. Our audit paper trail system and account management systems are included, free of charge, to help you with audits and assessments.

Please note that invoices are available electronically upon request for £5.00

6. Declaration

Have you ever been convicted of, or is prosecution pending for, a criminal offence (excluding spent convictions)?

No ☐ Yes ☐ *If you answered 'yes' to this question, please provide details below*

Have you ever been, or are you currently, on the Sex Offenders Register?

No ☐ Yes ☐ *If you answered 'yes' to this question, please provide details below*

Have you ever been refused entry to, or expelled from, any other professional association, regulatory body or similar organisation?

No ☐ Yes ☐ *If you answered 'yes' to this question, please provide details below*

While I am a practising therapist and member of the British Islamic Holistic Medical Council (BIHMC), I will abide by the BIHMC Code of Ethics and Professional Practice and hold medical malpractice and public liability insurance. I agree that the BIHMC may hold my details as supplied. I agree that the information provided on this form or during any telephone call, may be held on computer and used for customer administration, research and analysis purposes and marketing of financial and related products. The information may be disclosed to third parties whose products may be of interest to me and who may hold it on computer for the above purposes. If you prefer not to take part in research or receive information about products and services that we offer directly or are offered by third parties, please tick this box ☐. I agree that BIHMC has the right to allocate the appropriate membership status and grade. I confirm that all the information given above is correct and authorise the BIHMC to make the necessary reference checks in connection with my application. Please sign, date and return this form, along with your cheque, to: The British Islamic Holistic Medical Council (BIHMC), Dept 391, 38 Sunbridge Road, Bradford, West Yorkshire, BD1 2DZ, England. Tel: 0906 404 2221. Email: info@bihmc.org.uk. Web site: www.bihmc.org.uk. The decision of the British Islamic Holistic Medical Council (BIHMC) in this regard is final.

Signature:

Must be inside box

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Date:

DDMMYYYY

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Name:

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Data Protection

- ☐ Please tick box if you would like to appear on the BIHMC web listing / directory (www.bihmc.org.uk) and the British Islamic Holistic Therapy Pages (BIHTherapyPages - www.bihtherapypages.org.uk)

NB: All information will be listed including personal details such as name, address, work telephone, home telephone, mobile, website, email, business logo, ratings by the BIHMC, pictures, etc

- ☐ Please tick box if you do not wish to receive promotional material from third parties

By proposing for British Islamic Holistic Medical Council (BIHMC) membership you consent to BIHMC using the information it may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example, health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a fee) and to have any inaccuracies corrected.