

# Guild of Naturopathic Iridologists International

# Membership Application Form

Please complete this form IN BLOCK CAPITALS and send it to the address below for processing.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Application for membership class (please tick):** | | | | | | |
| Full member | | |  | Licentiate member | |  |
| Overseas member | | |  | Associate member | |  |
| Equine member | | |  | Student Equine member | |  |
| Student member | | |  |  | |  |
| **Section 1 – Personal Details** | | | | | | |
| Surname | |  | | | | |
| First Names | |  | | | | |
| Title | |  | | | | |
| Date of Birth | |  | | | | |
| Nationality | |  | | | | |
| Home Address | |  | | | | |
| Post/area Code | |  | | | | |
| Home tel. | |  | | | | |
| Mobile tel. | |  | | | | |
| email address | |  | | | | |
| **Section 2 – Professional Details** | | | | | | |
| Practice address for listing on the GNI website. | |  | | | | |
| Post code | |  | | | | |
| Clinic Telephone | |  | | | | |
| Clinic Mobile | |  | | | | |
| Clinic email | |  | | | | |
| Website address | |  | | | | |
| Do you offer Iris photography? | |  | | | | |
| Post nominal letters used after your name. | |  | | | | |
| **Section 3 – Professional Education** | | | | | | |
| Please list the Schools / Colleges where you trained in Iridology and your other Naturopathic qualifications. Please attach copy certificates to allow verification and your website listing. | | | | |  | |
| If applying for Full Membership do you wish to be listed on the General Naturopathic Council website? | | | | |  | |
| **Section 4 – Professional Indemnity Insurance & claims history** | | | | | | |
| *Please provide documentary evidence, including the name and contact details of your insurer.*  **Please note, the GNI block insurance scheme is only available to UK members, and is not valid until membership is granted.**  **For overseas applicants please send a photocopy of your insurance certificate.** | | | | | | |
| Have you had any claims made against you with respect your practice? | | | | |  | |
| Are there any current claims outstanding against you? | | | | |  | |
| Have you ever been party to civil proceedings related to your professional practice? | | | | |  | |
| Have you ever had insurance refused or subject to loaded terms or increased premiums? | | | | |  | |
| Have you ever been disciplined by a professional or regulatory body in the UK or overseas? | | | | |  | |
| Have you ever been removed off any professional register? | | | | |  | |
| Have you ever been convicted of a criminal offence in the UK, Europe or overseas? | | | | |  | |
| **If you answer YES to any of the above, please give full details on a separate sheet.** | | | | | | |
| **Section 5 – Declaration**  I certify that the above information is correct. I agree to abide by the Code of Ethics of the Guild of Naturopathic Iridologists International which I will receive upon completion of the application process but prior to making payment.  I will advise the GNI should any criteria under Section 4 change.  Payment to the GNI will constitute acceptance of the above documents. | | | | | | |
| **Processing of Personal Data Consent.**  I accept that the GNI will hold personal data about me and I hereby consent to the processing by the GNI of my personal data for any purpose related to the performance of my contract of membership, to comply with a legal obligation, or for the purposes of the legitimate interests of the GNI, including, but not limited to, marketing. | | | | | | |
| I consent to the GNI providing my personal data to a third party where this is necessary for the performance of my contract of membership (for example, in relation to GNC membership, in regards to the GNI Block Insurance scheme with Balens, or with the bank regarding direct debits), and to comply with a legal obligation, or for the purposes of the legitimate interests of the GNI. | | | | | | |
| Signed: |  | | | | | |
| Dated: |  | | | | | |

Membership fees – you will receive an invoice when your application has been processed.

**Please** **Do NOT send any money with this application.**

**Please tick to confirm necessary documents etc as below:**

**This form completed and signed**

**Copy of Iridology certificate or diploma.**

**Copies of other relevant therapy certificates.**

**Copy professional indemnity and public liability insurance certificate**

**Completed GNC form (optional)**

**Please return the completed form and supporting documents to:**

**Abi Francis GNI Registrar**

**c/o Peggies, Beach Road, Woolacombe. EX34 7AE or**

**scan and email to** [**gniregistrar@gmail.com**](mailto:gniregistrar@gmail.com)

**Please note your application to join the GNI International cannot be processed if you do not supply all the details requested.**