

Special Treatment Licensing Exemption Application Form

Name of your organisation _____

Contact Details

Contact Name _____ Signature _____

Address _____

Post Code _____

Tel _____ Fax _____

E-Mail _____

Website address _____

Please list the treatments for which you are applying for exemption.

Are there different categories of membership? Yes No (if yes, please list)

Which categories are you requesting exemption for?

Have you applied for exemption before?

Yes No

If yes, please state when

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If you were refused exemption in the past what changes (if any) have there been?
Alternatively, if you believe the refusal was wrong please say why.

Before your application can be considered you must provide the following information:

1. Does your Organisation have a register of members? (Documentation not required)

Yes No

2. Are all members required to hold indemnity insurance?

Yes No

Please provide details

3. Which qualifications/experience of the therapy concerned do you accept for membership? How are these verified?

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4. Are your members bound by a code of ethics, which must include a prohibition of immoral conduct in the course of their practice?

Yes No

If yes, please provide a copy of this

5. Do you have a disciplinary procedure in respect of your members?

Yes No

If yes, please provide a copy of this

6. How does your organisation ensure that members comply with the codes?
