



APPLICATION FOR MEMBERSHIP – NEW GRADUATE

Please complete this form and return to:
Membership Services Administrator, McTimoney Chiropractic Association,
7a Hithercroft Court, Lupton Road, Wallingford, Oxon, OX10 9BT

TO BE COMPLETED IN UPPERCASE BY THE APPLICANT:

A. About you

| | |
|---|-----------------------|
| Title: | Registered forenames: |
| Registered surname: | Former names: |
| Forename and surname for use on MCA Membership Certificate: | |
| Home address: Post Code: | Telephone: |
| | Mobile: |
| | Email: |
| | Date of Birth: |

B. About your chiropractic training

| | |
|--|-------------------------|
| Date qualified: | Training establishment: |
| Qualification obtained: | |
| Please indicate whether you intend to practise abroad If YES, in which country? | YES/NO |

C. About your other qualifications and training

Please give details of any other significant qualifications:

| | |
|-------------------------|-------------------------|
| Date qualified: | Training establishment: |
| Qualification obtained: | |
| Date qualified: | Training establishment: |
| Qualification obtained: | |

Have you ever applied to, or been a member of, any other professional body in the past? If YES, please give details.

| | |
|-----------------------------------|----------------------|
| Name of association/organisation: | |
| Dates of membership: | Level of membership: |
| Name of association/organisation: | |
| Dates of membership: | Level of membership: |

D. About your Insurance

| | |
|---|---------------------------|
| Please provide the name of Insurance provider: | |
| Give details of previous/existing professional indemnity insurance related to your training course or any other therapy practised. Cover provided for (e.g. Therapy work/chiropractic training) | |
| Type of Cover: | Dates of period of cover: |

E. Malpractice

| | |
|---|--------|
| Has there been any unresolved complaints made against you within the past 5 years? | YES/NO |
| Has there been any unresolved complaints of which you are the subject, or in which you have been named or implicated? | YES/NO |

F. Your practice

Once your application has been successful, **we will send you details on how to access the members' area of the MCA website where you can enter your practice details**, purchase goods, book CPD and renew your membership.

| | | | |
|---|-------------|--------------------------------|-------------|
| Please indicate the chiropractic techniques you intend to practise for which you will be insured . Tick below. | | | |
| Chiropractic Techniques | TICK | Chiropractic Techniques | TICK |
| Diversified | | Thompson | |
| Gonstead | | Other, please state..... | |
| McTimoney | | | |

If Animal Chiropractic, please give details of any training in animal chiropractic techniques.

| | |
|-------------------------|-------------------------|
| Date qualified: | Training establishment: |
| Qualification obtained: | |

G. Sponsorship

The Principal of the McTimoney Chiropractic College (or their nominated representative) will be asked by the MCA to sponsor your application to join the Association. If you have any objection to this, please contact the MCA Office straight away.

H. Declaration

Professional indemnity insurance is a requirement of registration.

- a) I intend to take advantage of the McTimoney Chiropractic Association bloc scheme with H & L Balen
- b) I intend to arrange my own professional indemnity insurance (Please provide a copy of your professional indemnity insurance certificate)

I....., (name) understand that the use of any diversified technique must be covered by an appropriate level of insurance, for which an additional premium may be payable. Responsibility for arranging this lies with me and failure to maintain appropriate cover may result in my insurance being invalidated.

Therefore, having read and understood the Constitution, the Code of Ethics, and Arbitration & Conciliation Procedures of the McTimoney Chiropractic Association do apply for membership of the Association. I confirm that to the best of my knowledge the information given on this form is correct.

General Data Protection Regulations (GDPR) 2018

For us to manage and administer your membership effectively we will need to contact you from time to time. We will contact you with information that is relevant to your membership, for example membership updates, details of upcoming events and information relevant to the chiropractic profession.

I. Data Protection Statement

Here at the MCA we take your privacy seriously and will only use your personal information to administer your account, to provide the products and services you have requested from us, e.g. Membership, CPD, Conferences, and Seminars available via our online shop, and to update you with news we believe to be relevant to you about the MCA or the chiropractic profession, in the form of an emailed bulletin, membership magazine or correspondence/goods sent by Royal Mail or courier.

Privacy Policy

As a membership-based association dedicated to serving the chiropractic profession, we understand the importance of maintaining your privacy, keeping your personal information secure and complying with data protection laws; our privacy policy sets out how we will treat your personal information.

Our lawful basis for processing your personal data is to meet contractual obligations, legal obligations, and legitimate interest.

Our privacy policy describes what personal information the McTimoney Chiropractic Association (MCA) may collect from you, why we use your personal information and more generally the practices we maintain and ways in which we use your personal information.

The information provided on this form will be held on a database by the McTimoney Chiropractic Association, which is registered as a data user under the Data Protection Act. You are entitled by law to be told whether any personal data is held on you and to be supplied with a copy of all such information.

Signature _____ Date _____

TO BE COMPLETED BY THE MCA OFFICE:

Qualification Certificate received YES/NO _____

General Chiropractic Council Registration number _____

Level of membership _____ Membership Number _____

Date approved by the Executive Committee _____

Insurance Cover _____