

# The Association of Master Herbalists

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## APPLICATION FOR ASSOCIATE PRACTITIONER MEMBERSHIP

Requirements	Benefits
1. Professional qualification in Herbal Medicine from an AMH approved teaching establishment 2. Professional qualification in Iridology. <i>Other diagnostic techniques may be acceptable subject to approval by the Council.</i> 3. Professional Indemnity insurance to a minimum value of £1m. <i>Details of the AMH block scheme attached.</i> 4. First Aid Certificate 5. Curriculum vitae (including your life history, job history, achievements and skills) 6. 2 references, 1 may be from a registered herbalist 7. Recent colour photograph (head and shoulders only) <b>A COPY OF ALL RELEVANT CERTIFICATES MUST BE PROVIDED</b>	<ul style="list-style-type: none"> <li>• Full voting rights at members' meetings</li> <li>• Certificate of Associate Practitioner Membership</li> <li>• Quarterly Journal – "The Herbalist"</li> <li>• Regular updates on CPD courses</li> <li>• Group Practitioner insurance rates</li> </ul>

A cheque for the appropriate amount must be enclosed and made payable to 'The Association of Master Herbalists'. Please see pro rata table below to determine the appropriate fee.

Membership Status	Fee if joining May - July	Fee if joining Aug - Oct	Fee if joining Nov - Jan	Fee if joining Feb - Apr	
<b>Associate</b>	£140	£105	£70	£35	<i>Please complete all sections &amp; Declaration</i>

### Section A

Name  Title  Date of Birth

#### Contact Details

Address:
County:
Postcode:

Home Phone:	<input type="text"/>
Work Phone:	<input type="text"/>
Mobile:	<input type="text"/>
E-mail:	<input type="text"/>

**Nationality:** UK  EU  Other (please state)

If other, do you require a work permit or visa? Yes / No (*delete as appropriate*)

#### Data Protection

From time to time we are approached by organisations and businesses with an interest in Herbal Medicine for details of our Members. These are carefully vetted and assurances sought as to what the information will be used for. If you **do not** want your details to be given out please tick the adjacent box

### Section B

#### Professional Qualifications

Qualification	Name of Course Provider e.g. School	Date of qualification
Herbal medicine	<input type="text"/>	<input type="text"/>
Iridology *	<input type="text"/>	<input type="text"/>

\* If you are not qualified in Iridology, please supply details of the diagnostic technique you use, a certificate of qualification and the name and address of the course provider. Acceptance of alternative diagnostic techniques is subject to approval by the AMH Council

#### Educational Qualifications (post-school leaving age). Please continue on a separate sheet if necessary

Qualification	Institution	Date of qualification
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Other qualifications (other non-CAM qualifications or awards not listed above) Please continue on a separate sheet if necessary

Qualification	Institution	Date of qualification
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section B continued

### Herbal Medicine

Length of time in practice:

Approximate number of clients seen each week:

Have you followed a Mentoring scheme?

Yes / No

If yes, how long for?

Name and address of Mentor

### Continuing Professional Development (CPD) in the past five years

Please list date(s), course description, duration, name of course provider(s) or other relevant details. CPD includes both formal structured study and informal updating undertaken by private study. *Please continue on a separate sheet if necessary.*

### Other Complementary or Alternative Medicine Skills

Please give details of other CAM therapies currently practised. **In order for these details to be included on the Website, Certificates of Qualification must be included with your application.** *Please continue on a separate sheet if necessary.*

## Section C

### Membership of Professional Associations (UK or overseas)

Please provide name and address of professional organisation(s) and joining date

## Section D

Other occupation(s) in which you are currently employed:

Please list your reasons for wishing to join The Association of Master Herbalists

## Declaration

*If your answer is yes to any of the questions below, please give details on a separate sheet.*

Have you been convicted of a criminal offence, received a police caution or been convicted of a criminal offence for which you received a conditional discharge? Yes / No

Have you had civil proceedings (other than a divorce/dissolution of marriage or civil partnership) brought against you? Yes / No

Have you been disciplined by a professional or regulatory body or your employer? Yes / No

Have you ever been refused admission to a professional register? Yes / No

Do you have any physical or mental health condition that would impair your fitness to practise the profession to which your application relates? Yes / No

- I enclose a cheque for £..... in payment of the subscription up to 30<sup>th</sup> April 2018  
Please make cheques payable to: The Association of Master Herbalists
- I enclose a C.V. (This needs to cover your life history, job history, achievements and skills)
- I enclose copies of my Certificates of Qualification, Professional Indemnity Insurance and current First Aid Certificate
- I enclose 2 references (one can be from a registered herbalist; neither referee can be a family member)
- I enclose a recent head and shoulders photograph of myself signed on the back

*On signing this I submit that the information given is correct and that I am happy for certain information to be verified*

Signature .....

Date .....