



Membership Application Form

INDEPENDENT PROFESSIONAL THERAPISTS INTERNATIONAL

IPTI PO Box 106 Retford DN22 1WN Tel: 01777 700383 Fax: 01777 869429 E.mail: enquiries@IPTIuk.com

Surname First Names Mrs Ms Miss Mr

Address

..... Post Code

Telephone (Home) (Email)

THERAPY TRAINING QUALIFICATIONS

QUALIFICATION GAINED	COMPLETION DATE

Note: No insurance cover is on force until the Membership and insurance application is accepted by I.P.T.I. and evidenced by a Certificate issued by them. A copy of this policy wording is available on request.

In Completing this Membership application form you must disclose all material facts i.e. Those which an insurer would regard as likely to influence the assessment or acceptance of the risk, failure to do so could invalidate the insurance. If you are in any doubt as to what facts are material, you should, for your own protection, disclose them. Please use a separate sheet of paper and sign it.

DECLARATION (*Delete as appropriate)

I wish to apply for * **Insured membership / Uninsured membership** of IPTI and declare that the information that I have given is, to the best of my knowledge and belief, correct. I undertake to maintain the highest standards of professional conduct and to uphold the Associations Code of Ethics at all times and understand that failure to do so could result in forfeiture of all membership rights and privileges.

INSURED APPLICANTS

I understand that the provision of false or misleading information could invalidate the insurance cover or the cover may not protect me in the event of a claim. I further declare that there have been no claims made against me in relation to my professional work, nor am I aware of any circumstances that could give rise to such claims.

I also declare that to the best of my knowledge and belief the information given on this form is true in every respect.

I agree that this Membership Application shall be the basis of the contract between me and the Insurer.

I understand that if the true answers have not been given that this insurance may not protect me in the event of a claim.

I understand that you will pass the information on this form and about any information I may give details of to Insurance Database Services Ltd, so that they can make it available to other insurers.

I also understand that in response to any searches you may make in connection with this application or any incident I have given details of Insurance Database Services Ltd may pass you information it has received from other insurers about other incidents involving anyone insured under the policy.

I declare that I have not been subject to or have pending any disciplinary hearing or suspension or withdrawal of membership of any professional organisation, nor have I ever been convicted of any criminal offence other than motoring or is any prosecution pending.

I understand that any material fact, which is information that may influence the company in the acceptance of this insurance and the terms provided has been disclosed and recorded.

I agree to the terms and conditions contained in the IPTI policy applying to this Membership application.

I understand that I am liable to prosecution under the Fraud Act 2006 if I have not provided true and complete answers.

Signature Date

PRACTITIONERS' REGISTER

With your permission we are able to give your name and address to individuals seeking the services of a professional therapist. Members details are not revealed for any other purpose.

If you **DO NOT** wish your name and address to be given to those seeking professional services please tick the box and sign here.

Signature

MEMBERSHIP CERTIFICATE

I would like my name inscribed on the membership certificate as follows :-

.....

PLEASE NOTE: A photocopy of your practitioner certificates / diplomas must be sent with this form.

I.P.T.I. MEMBERSHIP FEES 2012 - 2013

All therapies in *List 1, 2 & 3 may be included within the basic insurance providing that the therapist is suitably qualified.

*The IPTI approved list of treatments can be downloaded separately at www.iptiuk.com/join.html

SECTION 1 - MEMBERSHIP OPTIONS

Membership including Liability Insurance for any treatment or therapy on lists 1, 2 & 3

STANDARD COVER = £1 Million Indemnity £104.00

Comprising insurance premium £27.00 and Insurance Premium Tax £1.62

£

Optional Extension 1 - £5m Indemnity (For Public liability Only) - Insurance Premium £11.00, & IPT £0.66 £16.00

£

Membership including Liability Insurance for any treatment or therapy on lists 1, 2 & 3

ENHANCED COVER = £2 Million Indemnity £112.00

Comprising insurance premium £33.00 and Insurance Premium Tax £1.98

£

Optional Extension 1 - £5m Indemnity (For Public liability Only) - Insurance Premium £5.00, & IPT £0.30 £10.00

£

IPTI MEMBERSHIP WITHOUT INSURANCE COVER £46.00

£

List 4 - Optional Insurance Cover (Please call IPTI office for premiums)

Extended cover for specialist treatments on list 4 may be added to the insurance, on payment of the appropriate supplementary premium, if required please enter treatments and the premium from the approved treatments list available to download from www.iptiuk.com/join.html

NOTE: The level of indemnity will be the same as that chosen above.

Treatment from List 4..... Indemnity..... Premium £

£

Please note the Membership Fee Payment also includes a registration fee of £6.00 not payable on renewal.

SECTION 2 - ALL RISKS COVER FOR EQUIPMENT & PRODUCTS

EQUIPMENT & PRODUCTS RISK COVER Limit of Liability £750.00, Premium = £50.00

Insurance Premium £38.78 Insurance Premium Tax £2.33

£

EQUIPMENT & PRODUCTS RISK COVER Limit of Liability £1000.00, Premium = £65.00

Insurance Premium £51.70 Insurance Premium Tax £3.10

£

EQUIPMENT & PRODUCTS RISK COVER Limit of Liability £1500.00, Premium = £93.00

Insurance Premium £77.55 Insurance Premium Tax £4.65

£

PLEASE DECLARE (BELOW) ANY SINGLE ITEM/S VALUED AT OVER £500.00

£ ITEM VALUE	ITEM DESCRIPTION

IPTI MEMBERSHIP BADGE £6.00

£

SECTION 3 - OPTIONAL INSURANCE FOR TEACHING

TEACHING = £10.00

If you are an individual practitioner / tutor and you teach Courses or Workshops insurance cover can be included for an administration fee of £10.00
- Details must be sent of the therapy taught and a copy of your Teaching Qualification

£

INSURANCE COVER IS UNDERWRITTEN BY NOVAE UNDERWRITING LIMITED UNDERWRITING FOR CERTAIN UNDERWRITERS AT LLOYD'S
This insurance is arranged in association with DSC Insurance Services, DSC Insurance Services is a trading style of DSC-Strand Ltd which is authorised and regulated by the Financial Services Authority with FSA reference number 310238

TOTAL FROM SECTIONS 1, 2 & 3

£

FAMILY DISCOUNT (If applicable please enter £6.00 and deduct from total)

- £

PAYMENT BY CREDIT CARD (Please add £2.00)

ENTER CARD NUMBER _____ / _____ / _____ / _____

CCV No _____ Expiry Date _____

£

TOTAL AMOUNT PAYABLE Please make cheques payable to I.P.T.I.

£

ALL INSURANCE IS RENEWABLE (ANNUALLY) ON 1st MARCH