



# Student Membership and Insurance

## INDEPENDENT PROFESSIONAL THERAPISTS INTERNATIONAL

IPTI P O Box 106 Retford DN22 1WN Tel : 01777 700383/703177 Fax : 01777 869429 E.mail enquiries@IPTIuk.com

Thank you for your enquiry about the insurance that I.P.T.I. can offer to a student.

Insurance companies usually provide treatment cover for qualified practitioners only. Students in training are usually protected by policies taken out by colleges insuring their qualified tutor/s and "those working under their direct supervision".

However, modern syllabuses increasingly use "Case Studies" as a formal part of training. Such work is normally carried out by students without supervision and away from the college premises and is thus not covered by the college insurance.

I.P.T.I. has negotiated an extension to its members insurance scheme that is underwritten by Novae Underwriting Limited underwriting for certain underwriters at Lloyd's whereby student members may have an insurance indemnity of £1,000,000. Covering treatments and products risks whilst undertaking unsupervised case study work and practice treatments that are a compulsory part of an approved course of practitioner training. This policy 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.

The current annual cost of student membership, including registration and case study insurance is only £65.00, this includes £27.00 for insurance and Insurance Premium Tax of £1.62. The fee for practitioner insurance cover is currently £104.00.

Being an insured student has other advantages. All Association Group Insurance Schemes are based on single policies, each with a single renewal date. For I.P.T.I. member's renewal is the 1<sup>st</sup> March annually. Fees are reduced at quarter intervals throughout the year and the initial premium payable is significantly reduced as the year progresses (see the note at the bottom of this page showing reduced amounts).

**On the successful completion of training, both membership and insurance are upgraded to practitioner status with no additional premium until the next renewal date.**

### APPLICATIONS

You may apply for membership by filling out the second page of this form.

The form also serves to register the course and to monitor the training being given. Because this document is used to confirm your insured status it is important that each of **PARTS 1 AND 2** are completed at the appropriate time during your training.

It should be endorsed by the college official and returned to the I.P.T.I. office to be registered, the form will then be returned to you to await the completion of the next stage of training.

You must also complete the information required on sheet page 2 of this form and sign the declaration.

If you have any questions regarding membership or insurance we would be pleased to answer them for you.

May we wish you every success in your training.

Yours Sincerely

Martyn Farrington  
For I.P.T.I.

### **NOTE: FEES FOR STUDENT MEMBERSHIP ARE AS FOLLOWS**

**1st March 2012 - February 28th 2013 £68.00**

Including £27.00 Insurance Premium and £1.62 Insurance Premium Tax

**1st June 2012 - February 28th 2013 £58.00**

Including £20.25 Insurance Premium and £1.22 Insurance Premium Tax

**1st September 2012 - February 28th 2013 £48.00**

Including £13.50 Insurance Premium and £0.81 Insurance Premium Tax

**1st December 2012 - February 28th 2013 £38.00**

Including £6.75 Insurance Premium and £0.41 Insurance Premium Tax

**PLEASE MAKE ALL CHEQUES PAYABLE TO IPTI**



# Student Membership Application Form

Please complete part 1 of this form, and have part 2 completed by your course tutor, then send your form to the IPTI office along with a cheque for the current fee (shown on the first page of this form) made payable to IPTI. Membership includes student insurance to cover the performance of unsupervised treatments that are necessary for the case study and practice requirements within the training syllabus.

Part 2 of the form must be completed by the college, prior to the insurance becoming valid. When student registration is complete a copy of this form will be returned to you so that upon completion of the course. Upon receipt of this confirmation, and a photocopy of your qualification, IPTI will upgrade your insurance, free of charge, to practitioner status for the remainder of the insurance year.

## PERSONAL DETAILS

Surname ..... First Names ..... Mrs  Ms  Miss  Mr

Address .....

Post Code .....

Telephone Number ..... Membership Number PLEASE LEAVE BLANK

I wish to apply for **Student Membership with insurance** 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.

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 I.P.T.I. and myself and accept the policy, applicable to the insurance.

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 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 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 I.P.T.I. 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 .....

## PART 1 – COURSE DETAILS

College/School .....

Address .....

Course Title .....

Qualification to be gained ..... Awarding Body

Date course starts ..... Expected Completion Date

Course Duration ..... Full or Part Time .....

Signed by College Official ..... Position ..... Date .....

## PART 2 - CONFIRMATION OF COMPETENCE TO COMMENCE CASE STUDIES

This part must be completed and signed by the tutor or course supervisor and submitted to the IPTI office, by the student, **prior to commencing** any unsupervised practical treatments in connection with case studies.

It is hereby confirmed that the student named overleaf has gained sufficient training and has the knowledge and practical skills to enable him or her to perform, in a safe and professional manner, the treatments that are necessary to compile the case studies that are required by the course syllabus.

Number of studies to be completed – including the number of treatments to be given for each study .....

Date on which studies will commence

Expected Date for Completion of Studies

Signed by College Official .....

Position .....

Date .....

College Stamp Please

**When you have completed your training please send a photocopy of your qualification to the IPTI office and we will upgrade your insurance to full practitioner cover for the remainder of the insurance year.**

In accordance with the Data Protection Legislation, in all matters, we are seeking to act in the best interest of you, our client, but if you have any concerns regarding personal data we hold, please do not hesitate to contact us on Tel 01777 700383.

**IPTI is authorised and regulated by the Financial Services Authority. Authorised Firm No 312694**