

# I.P.T.I. MEMBERSHIP RENEWAL 2018-2019

P.O.Box 106, Retford, Notts. DN22 1WN - Tel - 01777-700383/703177 E-Mail [mail@iptiuk.com](mailto:mail@iptiuk.com)

NAME \_\_\_\_\_ IPTI No \_\_\_\_\_ Telephone No \_\_\_\_\_  
Address \_\_\_\_\_ Work/Mobile \_\_\_\_\_  
\_\_\_\_\_ E - Mail \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_

Membership including Liability Insurance for any treatment in Lists 1,2 & 3  
**INSURANCE COVER AT £2 MILLION INDEMNITY £105.00**

Including Insurance Premium £29.70 and Insurance Premium Tax £3.56.

£.....

Membership including Liability Insurance for any treatment in Lists 1,2 & 3  
**INSURANCE COVER AT £5 MILLION INDEMNITY £116.00**

Including Insurance Premium of £36.30 and Insurance Premium Tax of £4.36

£.....

**IPTI MEMBERSHIP ONLY (WITHOUT INSURANCE COVER) £50.00**

**With this application please attach proof that you hold current Insurance cover elsewhere**

£.....

**TEACHING = £10.00.**

If you are an individual Practitioner / Tutor and you teach Courses or Workshops, cover can be included for an additional membership charge of £10.00. Details must be provided regarding the therapy taught, along with a copy of your teaching qualification.

£.....

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

£.....

**TOTAL AMOUNT PAYABLE - Please make Cheque's payable to I.P.T.I.**

£.....

## PAYMENT BY CREDIT/DEBIT CARD

Enter card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
CCV No \_\_\_\_\_ Expiry Date \_\_\_\_\_

INSURANCE COVER IS UNDERWRITTEN BY NOVAE UNDERWRITING LIMITED ON BEHALF OF CERTAIN UNDERWRITERS AT LLOYD'S  
This insurance is arranged by DSC Insurance Services. DSC Insurance Services is a trading style of DSC-Strand Ltd which is authorised and regulated by the Financial Conduct Authority with FCA reference number 310238

## GENERAL DATA PROTECTION REGULATION (GDPR)

Under the new GDPR rules we need to obtain your permission in order to keep information that we store about you. The only information we store are your personal contact details and copies of your therapy qualifications. We will not share this information with any third party, other than with our insurer, and only then if you take out insured membership of IPTI.

If you agree to give us permission to keep your information on file please tick this box (we will ask your permission each year at renewal).

If you do not give your consent we will permanently remove your details from our current systems at the expiry of the statutory limit for retention for insurance purposes.

You can view our full GDPR policy on the IPTI website [www.iptiuk.com](http://www.iptiuk.com).

## **DECLARATION MUST BE SIGNED AND DATED BY ALL APPLICANTS**

I 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 CLAIM OR CLAIMS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**MEMBERSHIP EXPIRES ON 28<sup>TH</sup> FEBRUARY 2019**