

# NATIONAL REGISTER OF REFLEXOLOGISTS (IRELAND)

ESTABLISHED 1998

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WEBSITE: [www.nationalreflexology.ie](http://www.nationalreflexology.ie)

## APPLICATION FOR MEMBERSHIP REGISTRATION

To the Registrar,

This form is valid until 31/12/2010 (please complete in block capitals)

**PERSONAL INFO:**

**NAME(S):** .....

**SURNAME:** .....

**Date of Birth:** ...../...../.....

**CONTACT DETAILS:**

**TELEPHONE(S):** .....

**E-MAIL:** .....

**WEBSITE:** .....

**HOME DETAILS FOR CORRESPONDENCE:**

**ADDRESS:** .....

**TOWN/CITY:** .....

**COUNTY:** .....

**PRACTICE DETAILS FOR PUBLISHING & REFERRALS**

USE MY HOME ADDRESS for WEBSITE:

**ADDRESS:** .....

**TOWN/CITY:** .....

**COUNTY:** .....

**TRAINING / EDUCATION INFO:**

**QUALIFYING SCHOOL:** .....

**DATE QUALIFIED:** ...../...../..... **COURSE DURATION:** ..... months.

			(s):		
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\*NRRI Student No. (if applicable)

**Type of practice:** currently practising full time  currently practising part time   
about to commence full time  about to commence part time  not currently practising

(Note: applicant already practising is obliged to submit a photocopy of current insurance cover)

**DATA PROTECTION:** We shall keep the information you provide about yourself and third parties confidential and it will only be used to provide and administer the services and products relative to our stated objectives and your NRRI membership. We may pass information for these purposes to service providers in the field of private health insurance (QUINN Healthcare, VHI Healthcare, and AVIVA Health), to persons seeking treatment, and as required by law. We shall process this information and store it in our computerised data base.

I understand that my name may be removed from the Register should I be found to be in breach of the **NRRI Code of Ethics and Professional Conduct**.

I enclose copy of my Qualifying Reflexology Diploma/Certificate together with my Registration Fee of €60\* and Annual Membership Fee of €90 (totalling €.....) and I hereby apply for registration.

Signed: ..... Date: ...../...../ 2010.

\*NRRI Student Members who register for Full Membership within 12 months of their graduation are entitled to a **discount of 50% of current Registration Fee** (i.e. €30 instead €60)

**For Office Use Only:** Date received: ...../...../..... by..... **Total Fee paid:** €..... (chq / mo / po)

1) Diploma enclosed YES / NO . Qualification approved: YES / NO Registration approved: YES / NO **Renewal month:** .....

2) Insurance enclosed . N/A. YES / NO details: .....

3) Registration confirmed and Certificate issued on:...../...../.....

Comments: .....

Signed: ..... Registrar. **Date:** ...../...../.....

**Member's Registration Number**

 : 10