

NATIONAL REGISTER OF REFLEXOLOGISTS (IRELAND)

ESTABLISHED 1998

Ballyara North, Bullaun, Loughrea, Co. Galway

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Application for registration ASSESSMENT

To the Registrar,

This form is valid until 31/12/2017 (please complete in block capitals)

PERSONAL INFO:

NAME(S):

SURNAME:

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

HOME DETAILS FOR CORRESPONDENCE:

ADDRESS:

.....

TOWN/CITY:

COUNTY:

CONTACT DETAILS:

TELEPHONE(S):

.....

E-MAIL:

WEBSITE:

TRAINING / EDUCATION INFO:

QUALIFYING SCHOOL:

.....

.....

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

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

My Diploma course study notes are available to review. I currently have / have not professional liability insurance. I enclose copy of my qualifying diploma with assessment fee of €120. I agree to abide by any outcome and decisions made by the NRRI arising out of this application.

Signed: Date:/...../ 2017.

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 (LAYA Healthcare, VHI Healthcare, and AVIVA Health, GLO Health), to persons seeking treatment, and as required by law. We shall process this information and store it in our computerised data base.

For Office Use Only: Date received:/...../...2017.... by..... Total Fee paid: €...120.... (chq / mo / po)

1) Diploma CERT enclosed YES / NO .

2) Insurance enclosed . YES / NO details:

3) Application approved: YES / NO 4) Assessment confirmed and Notification issued on:/...../...2017...

Signed: Registrar. Date:/...../...2017...

ASSESSMENT details: Name of Assessor:

Date:/...../..... Venue: Time:

Assessment Result: PASSED _____ FAILED _____ **Assessor's Signature:**

Comments: