



The Association of Traditional Chinese Medicine and Acupuncture UK
Membership Registration Form
(For New Graduates of TCMA Accredited Courses Only)

Surname:	First Name:	Affix Your Photo Here
Sex: Male/Female	Name in Chinese (if applicable)	
Title: Dr./Mr./Ms./Mrs./Miss/Other	Date of Birth:	
Mailing Address:		
Post Code:	Email:	For Office Use Only Reg. No:
Telephone:	Mobile:	Date:

Please provide your practice address(es) which will be entered in the ATCM all-member directory website data base, and ensure that the full postcode is provided.

Practice Address 1:

Post Code: _____ Telephone: _____

Email: _____ Website: _____

Practice Address 2:

Post Code: _____ Telephone: _____

Email: _____ Website: _____

Practice Address 3:

Post Code: _____ Telephone: _____

Email: _____ Website: _____

Declaration:

- I have read the Memorandum and Articles of the Association of Traditional Chinese medicine and Acupuncture UK and wish to become a member of the Association.
- I hereby agree to comply with and be bound by the Code of Professional Conduct and Code of Practice of the Association.
- My Membership Certificate remains the property of the Association and must be returned to ATCM Council once my membership is invalidated for any reason.

Signature.....

Date:.....

Please send your completed form, ID copy and Certificate Copy of TCMA Accredited Course to the following address or email:

ATCM, Suite 1, The Brentano Suite, Solar House, 915 High Road, London N12 8QJ

Email: info@atcm.co.uk



ATCM Membership Registration Checklist

Please submit and return the correct documents and fees according to your situation.

Join ATCM and ATCM Block Insurance scheme, then you need to submit following documents and payments

1. Completed Membership Registration Form (signed & dated).
2. Completed ATCM Block Insurance Form, provided by Balens (please don't forget to fill in the therapies box at the bottom of the form).
3. One of your recent photographs (passport photo size) ; Please staple it on the registration form.
4. Copy of your valid ID.
5. Copy of your certificate of TCMAB accredited course.

Join ATCM with your pre-arranged professional Mal-practice Insurance, then you need to submit the following documents and payment.

1. Completed Membership Registration Form (signed & dated).
2. One of your recent photographs (passport photo size); Please staple it on the registration form.
3. Copy of your valid ID.
4. Copy of your certificate of TCMAB accredited course.
5. Photocopy of your valid pre-arranged Professional Mal-practice insurance.

**** Once the required documents are received, ATCM office will email you the Payment Instructions for paying your fees, So please make sure your email address is correct and up to date.***

Please return all your completed forms, documents to ATCM office at the address shown below or via email:

ATCM
Suite 1
The Brentano Suite
Solar House
915 High Road
London NW12 8QJ

Email: info@atcm.co.uk

Association Of Traditional Chinese Medicine and Acupuncture UK Affinity Scheme - UK



INDIVIDUAL PROFESSIONAL, PUBLIC & PRODUCTS LIABILITY

Thank you for your enquiry and welcome to Balens.

This pack will help you assess if the Individual Professional, Public & Products Liability product is suitable for your needs and guide you through the process to get insured.

Our team is on hand to help if you need us – just call 01684 580771 or email info@balens.co.uk

WHAT'S IN THE PACK?

- **Guidance notes** to help you through the process of getting insured
- The **declaration form** you need to complete to apply for cover
- An **activities list** of common therapies we insure
- A **premium guide** which may enable you to work out how much you will need to pay
- Our **Key Facts** document summarising who we are, who regulates us, the service we offer, insurance companies we use and other important information such as the complaints process
- A summary of the **Insurance Act 2015**, including **your responsibilities** to make a fair presentation of the risk at inception, renewal and whenever you request changes to your policy

SOME IMPORTANT LEGAL INFORMATION BEFORE YOU GET STARTED:

Please note the completion and submission of the declaration form does not bind you or us to enter a contract of insurance. More information may be required from you. In order to minimise the need for further clarification please answer all questions fully.

Based upon **your Insurance Act 2015 responsibilities**, you must make a fair presentation of the risk to us when completing the declaration form, at inception, renewal and whenever you request changes to your policy. This means you must tell us about all facts and circumstances which may be material to the risks covered by the policy in a clear and accessible manner and must not misrepresent any material facts. A material fact is one which would influence our acceptance or assessment of the risk. If you have any doubt about facts considered material, it is in your interest to disclose them. If you do not make a fair presentation of the risk the policy may be avoided, written on different terms or a higher premium may be charged, depending on the circumstances of the failure to present the risk fairly.



BALENS
Specialist Insurance Brokers

"We care for the Carers"

Established 1950 – Over 60 years of Service & Personal Support

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Balens Limited has passporting rights enabling us to carry out insurance transactions within EEA states. This business may not be regulated by the Financial Conduct Authority, however, we apply the same compliance protocol across all of our business.

GUIDANCE NOTES

IS THIS THE RIGHT INSURANCE FOR ME?

This policy is to cover you, and you alone, as a practicing therapist, irrespective of whether your business is set up as sole trader, partnership or limited company.

If you employ or use other Health and Wellbeing Professionals, or take payments, bookings or advertise for them you will need a different type of policy – please contact Balens for guidance on 01684 580771 or info@balens.co.uk

HOW DO I GET INSURED?

Easily – in a few simple steps:

1) Complete the declaration form and read the key facts and Balens terms of business document:

- Answer all questions in full
- List all therapies you:
 - currently perform
 - are a student in and for which you require cover for case study work
- Confirm agreement to the Balens terms & conditions
- Review the attached policy wording and ensure that it meets your requirements.

2) Get a premium:

Send the declaration form to us for a quote if:

- Any therapy you perform is **NOT** on the activities list, **and/or**
- The list states an endorsement applies, **and/or**
- You have non-UK qualifications
- You practice an activity for which there is no recognised qualification and you would like us to consider insuring you on the basis of your experience

We will get back to you to confirm if we can offer cover, the premium and if any special terms/endorsements will apply – we may request more information to do this
If you have non-UK qualifications we will need you to complete an additional form

OR

Use the premium guide to calculate your price if:

- All your therapies are on the **activities list**, and
 - No endorsements apply, and
 - All your qualifications were taken in the UK
- Your price will be based on:
- The limit of indemnity you select; and
 - If you decide to take the Personal Accident cover option (please read the Personal Accident Key Facts document)

3) Sign the declaration form and send to the ATCM with copies of your qualifications

Important things to note:

- Make sure you have answered all questions fully and agreed the terms & conditions
- We need copies of your qualifications for ALL activities performed
- If you are currently insured elsewhere we must receive your documentation BEFORE the expiry date of your current policy to ensure continuous cover.

4) Get confirmation of cover:

We will start your policy from the date we receive your documents subject to your declaration being complete, agreeing the premium and (if applicable) special terms/endorsements.

5) Pay the premium: your payment options are:

TELEPHONE – when we call to confirm your price, or call us on 01684 580771 once we have received your form. We can:

- Take a single payment by debit/credit card, or
- Provide our account details and a reference for payment by online banking/BACS, or
- Set up an annual or monthly Direct Debit facility – please contact us for more information on these options

CHEQUE - payable to Balens Ltd, to Balens Limited, Bridge House, Portland Road, Malvern, WR14 2TA.

Note, if you know your price from using the premium guide, please include your cheque with the signed declaration form

Association Of Traditional Chinese Medicine and Acupuncture UK Affinity Scheme - UK Premium Information

POLICY RUNS FROM 1 MARCH 2021 TO 28 FEBRUARY 2022

As an ethical, regulated business we wish to be clear and transparent about the breakdown of the cost of your insurance policy arranged through us. The tables below aim to achieve this. If you are joining the scheme after the first quarter the rates will reduce as shown.

£6,000,000 Full practitioner (£6M Full)	Malpractice Premium	Legal Expenses	Net Insurance Cost	Insurance Premium Tax (IPT) @ 12%	Balens Admin Fee	Affinity Fee	Total Premium Payable
Mar 01 - May 31	£87.00	£8.19	£95.19	£11.42	£19.39	£8.00	£134.00
Jun 01 - Aug 31	£65.25	£8.19	£73.44	£8.81	£14.54	£8.00	£104.79
Sep 01 - Nov 30	£43.50	£4.10	£47.60	£5.71	£9.70	£8.00	£71.01
Dec 01 - Feb 29	£21.75	£4.10	£25.85	£3.10	£4.85	£8.00	£41.80

£4,000,000 Student (£4M Student)	Malpractice Premium	Legal Expenses	Net Insurance Cost	Insurance Premium Tax (IPT) @ 12%	Balens Admin Fee	Affinity Fee	Total Premium Payable
Mar 01 - May 31	£20.90	£3.10	£24.00	£2.88	£9.72	£4.00	£40.60
Jun 01 - Aug 31	£15.68	£3.10	£18.78	£2.25	£7.28	£4.00	£32.31
Sep 01 - Nov 30	£10.45	£1.55	£12.00	£1.44	£4.86	£4.00	£22.30
Dec 01 - Feb 29	£5.23	£1.55	£6.78	£0.81	£2.42	£4.00	£14.01

Optional Personal Accident Cover - Please see Key Facts sheet (enclosed)

Personal Accident Premium	Insurance Premium Tax (IPT) @ 12%	Total premium payable
£10.00	£1.20	£11.20

ACTIVITIES LIST

STANDARD ACTIVITIES COVERED, STRICTLY SUBJECT TO SUITABLE QUALIFICATIONS HELD.

Acupressure	Acupuncture
Alexander Technique	Allergy Testing
Angel Therapy	Aromatherapy
Astrology	Baby Massage
Bach Remedies	Biodynamic Psychology
Bowen Therapy	Breathing Therapy
Cognitive Therapy	Colour Therapy
Counselling	Craniosacral Therapy
Crystal Therapy	Diet and Nutrition
Dowsing for Stress Relief	EMDR
Emotional Freedom Technique	Em-Power Therapy
Energy Field Therapy	Facial Massage
Feng Shui	Hand Massage
Healing	Herbal Medicine
Homeopathy	Hopi Ear Candles
Hot Stones	Hypnotherapy
Indian Head Massage	Integrated Energy Therapy
Iridology	Jikiden Reiki
Kinesiology	Kinetic Energy
Life Coaching	Light Touch Therapy
Lightning Process	Magnet Therapy
Manual Lymph Drainage Category 1 and 2	Massage (including Deep Tissue)
Meditation	Mediumship
Metamorphic Technique	Mindfulness
Myofascial Release	Neuro Linguistic Programming
Neuroflexology	Nutrition Therapy
On Site Massage	Phytobiophysics
Pilates (including machine work)	Pilates Matwork
Pre and Post Natal Massage	Pregnancy Massage
Psych-k	Psychology
Psychology of Vision	Psychotherapy
Qigong	Radionics

Reconnective Healing	Reflex Zone Therapy
Reflexology	Reiki
Relaxation Therapy	Rhythmical Massage Therapy
Shamanism	Shiatsu
Sound Healing	Sound Therapy
Spiritual Healing	Spiritual Psychotherapy
Sports Massage	Stress Management
Tai Chi (Non-Combat)	Tellington TTouch
Thought Field Therapy	Time Line Therapy
Traditional Chinese Medicine	Vibrational Medicine
Visualisation	Vitamin and Mineral Therapy
Vortex Healing	Yoga

STUDENT COVER

Provides cover for case studies and other work performed prior to gaining your qualification. The conditions of cover are as follows: Ongoing case consultation with your tutor, clients must be told that you are not qualified, you cannot practice outside the scope of what you have been taught and any charges/expenses made must be less than a qualified therapist.

DECLARATION FORM



This policy is to cover you, and you alone, as a practicing therapist, irrespective of whether your business is set up as sole trader, partnership or limited company.
If you employ or use other Health and Wellbeing Professionals, or take payments, bookings or advertise for them you will need a different type of policy – please contact Balens for guidance.

Please tick to confirm you require cover as an individual practitioner:

I can confirm I have reviewed the policy wording and am satisfied that it meets my requirements.

Sole Trader <input type="checkbox"/>	Limited Company (Ltd) <input type="checkbox"/>	Public Limited Company (Plc) <input type="checkbox"/>
Partnership <input type="checkbox"/>	Limited Partnership (LP) <input type="checkbox"/>	Limited Liability Partnership (LLP) <input type="checkbox"/>

What is the name of your Business?		
Therapist title (Mr./Mrs./Dr. etc.):	Therapist Date of Birth:	
Name of the practicing therapist:		
Address:		
Postcode:	Tel:	Mob:
Email:	Date you require the policy to start:	

Please tick to confirm the option you require	Please enter total premium payable
£6,000,000 Full practitioner (£6M Full) <input type="checkbox"/>	
£4,000,000 Student (£4M Student) <input type="checkbox"/>	
Personal Accident <input type="checkbox"/>	

Please state in the boxes below the activities you require insurance cover for and please provide us with copies of your qualifications. Cover will be provided subject to suitable qualifications held.

If there is an activity you practice that is not listed on the 'Activities List', please provide us with as much information as you can in the space below.

Continued overleaf

DECLARATION FORM - Continued

Questions	Yes	No
Have you ever been convicted of, or charged (but not yet tried) with any criminal offence, other than motoring offences, or offences that are spent under the Rehabilitation of Offenders Act 1974?		
Have you ever had a proposal or renewal for insurance declined or cancelled; a policy voided, withdrawn or suspended, or special terms imposed by an insurer?		
Have you ever had any claims, or are you aware of any circumstances which could give rise to a claim, under the policy involving negligence, error or omission?		
Have you ever had any disciplinary hearings made against you, or are you aware of any circumstances which may result in a claim or suit being made against you?		
Have you or any director or partner been the subject of, or have proceedings or applications pending for, any winding up order, receivership, debt relief, liquidation, administration, county court judgement (CCJ), company or individual voluntary agreement, bankruptcy or insolvency?		

If the answer is Yes to any of the above questions, please disclose full information to us in a clear and accessible manner below:

Have you read, understood and agree to accept the Balens Terms of Business letter enclosed?	<input type="checkbox"/>
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By signing the form below I declare that the statements and particulars in this proposal are true and complete. I have made a fair presentation of the risk and have not misrepresented or suppressed any material facts. I agree to the contract of insurance being prepared using the information I have supplied in this form along with any associated information I have supplied. I shall inform you of any material alteration to those facts and/or the information supplied before completion of the contract of Insurance.

A copy of the policy wording is attached for your attention.

Signed:

Dated:

RETURNING YOUR FORM

PLEASE COMPLETE AND RETURN THE TWO PAGE DECLARATION FORM ALONG WITH COPIES OF YOUR QUALIFICATIONS TO THE ATCM