



Complementary & Natural
Healthcare Council

Request to Register

Data Transfer Agreement

Name of professional association

Membership Number

Email address

Date of birth

1. I give permission for you to check my details for verification and then confirm my eligibility to CNHC for the purposes of entry to the CNHC Register in the following disciplines: *(please tick)*

Yoga Therapy

I am already registered with CNHC: Yes No

2. I confirm that I have Professional Indemnity Insurance

Company:			
Policy number:		Expiry date:	

CNHC Code of Conduct, Performance and Ethics

3. I agree to abide by the CNHC Code of Conduct, Performance and Ethics, which is available on the CNHC website.

Signed

Name

Date

Please return your completed form direct to your Professional Association which will verify your registration. You will then be sent an automatic email from the CNHC register inviting you to complete your registration and pay the registration fee. (Early Bird Offer will apply for first six months after register opens to your discipline: £30 for one discipline, £40 for two disciplines, £50 for three disciplines, £60 for four disciplines. After the first six months, the fee will increase to £45 for one discipline, £55 for two, £65 for three and £75 for four. There is no charge for additional disciplines (i.e. 5th, 6th etc).

Professional Association