

## ACTO Professional Practitioner Membership Registration Application Form



Title	Forename(s)	Surname																							
Address																									
				Town																					
County	Country	Postcode/Zipcode	Email																						
Telephone		Mobile	Fax																						
Name that you wish to appear on your ACTO Membership Certificate:																									
Name that you wish to appear on the ACTO Professional Practitioner Listing:																									
Contact Telephone Number that you wish to appear on the ACTO Professional Practitioner Listing:																									
<p>Colour Therapy skills and tools you use in your practice: <i>(please tick all that apply)</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Using Coloured Lights</td> <td><input type="checkbox"/> Colour Breathing</td> <td><input type="checkbox"/> Using Colour for Distant Healing</td> </tr> <tr> <td><input type="checkbox"/> Colour/torch acupuncture</td> <td><input type="checkbox"/> Colour transmission through hands</td> <td><input type="checkbox"/> Using Coloured Fabrics</td> </tr> <tr> <td><input type="checkbox"/> Colour visualisation</td> <td><input type="checkbox"/> Using Crystals</td> <td><input type="checkbox"/> Using gels/glass</td> </tr> <tr> <td><input type="checkbox"/> Using Coloured liquid in bottles</td> <td><input type="checkbox"/> Using Colour essences</td> <td><input type="checkbox"/> Colour with Essential Oils</td> </tr> <tr> <td><input type="checkbox"/> Colour with Reflexology</td> <td><input type="checkbox"/> Colour with Sound</td> <td><input type="checkbox"/> Colour with Shape and/or Patterns</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Colour for reflective readings</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (please explain) .....</td> </tr> </table>					<input type="checkbox"/> Using Coloured Lights	<input type="checkbox"/> Colour Breathing	<input type="checkbox"/> Using Colour for Distant Healing	<input type="checkbox"/> Colour/torch acupuncture	<input type="checkbox"/> Colour transmission through hands	<input type="checkbox"/> Using Coloured Fabrics	<input type="checkbox"/> Colour visualisation	<input type="checkbox"/> Using Crystals	<input type="checkbox"/> Using gels/glass	<input type="checkbox"/> Using Coloured liquid in bottles	<input type="checkbox"/> Using Colour essences	<input type="checkbox"/> Colour with Essential Oils	<input type="checkbox"/> Colour with Reflexology	<input type="checkbox"/> Colour with Sound	<input type="checkbox"/> Colour with Shape and/or Patterns	<input type="checkbox"/> Colour for reflective readings			<input type="checkbox"/> Other (please explain) .....		
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Colour Therapy Organisations/Schools studied with:																									
<p>How were you taught? – <i>please tick which apply to you</i></p> <input type="checkbox"/> Face-to-face tutored for the whole course <input type="checkbox"/> Face-to-face practical work supervised by tutor <input type="checkbox"/> Distance Learning for whole course <input type="checkbox"/> Distance Learning and some tutored days <input type="checkbox"/> Distance Learning with face-to-face practical assessment		<p>How were you assessed? - <i>please tick which apply to you</i></p> <input type="checkbox"/> Written work for theory, assessed by tutor <input type="checkbox"/> Thesis <input type="checkbox"/> Case studies <input type="checkbox"/> Portfolio <input type="checkbox"/> Peer group feedback for practical work <input type="checkbox"/> Practical work assessed by tutor <input type="checkbox"/> Other (please explain)  <input type="checkbox"/> Was your work verified externally? If so, by whom:																							

If you combine colour with other therapies (reflexology, aromatherapy etc) , please note here where you studied and with whom

**Please send the following in with your application:**

	<b>Item</b>	<b>Tick</b>	<b>If not sent, please explain</b>
1.	Photocopy/pdf of your colour qualification		
2.	Photocopies/pdfs of other therapy skills you have qualified in, especially if you now combine these with colour		
3.	Photocopy/pdf of any verification certificate		
4.	Photocopy/pdf of current UK insurance *		

**Declaration**

I agree to abide by:

- ACTO Code of Conduct and Ethics
- ACTO Disciplinary Rules and Disciplinary Procedure
- ACTO Equal Opportunities Policy
- ACTO Harassment and Bullying Prevention Policy
- ACTO Grievance Procedure
- ACTO Requirements for Continuing Professional Development
- ACTO Policy for Disclosure of Criminal Records

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you are submitting this form by email your declaration is assumed to have been made in acceptance of the Conditions.

**Payment**

**ACTO Professional Practitioner Register Fee** - £35 or £25 if you are already listed with ACTO sister organisations (see below)

**Please send a cheque for:**

£35 with this application for Registration

Or

£25 with this registration with evidence of current listing on the following registers

(please tick those which apply):

IAC                       IWOC                       ACHO                       ACT                       CThA                       Embody

BRCP

**Sterling Cheques** only are accepted, please make them payable to “ACTO” and send to:

The Membership Secretary ACTO, PO Box 100, Exminster, Exeter, Devon, EX6 8YT

\* Insurance is available through ‘Holistic Insurance Services’ for all ACTO members within the UK