

ACTO Professional Practitioner Membership
ACTO Membership 2

**(for practitioners already registered with FHT, IAC, ACHO, BFVEA, IWOC,
MCS, Lucis College, Embody CThA, BCRP, Hygeia, Aura Soma)**



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"/> 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"/> Other (please explain)		
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<input type="checkbox"/> Other (please explain)																					
Colour Therapy Organisations/other Therapy Training Schools studied with:																					
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:

	Item	Tick	If not sent, please explain
1.	Photocopy/pdf of your qualification(s) that entitles you to belong to one of the following registers: FHT, IAC, ACHO, BFVEA, IWOC, MCS, Lucis College, Embody CThA, BCRP, Hygeia, Aura Soma		
2.	Photocopies/pdfs of other therapy skills you have qualified in, especially if you now combine these with colour		
3.	Evidence of current listing with one of the registers in 1)		
4.	Photocopy/pdf of any verification certificate		
5.	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 Grandparent Clause
 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 - £5 if you are already listed with organisations (see below) and have evidence to show this. If you do not belong to any of these registers then please use the standard ACTO Professional Practitioner Application

Please indicate here which register you are listed with:

- IAC IWOC ACHO ACT CThA Embody
 BCRP Qualified with Hygeia FHT BFVEA

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 with the UK