

ACTO Student Membership Registration Application Form



Title	Forename(s)	Surname																				
Address																						
				Town																		
County	Country	Postcode/Zipcode	Email																			
Telephone		Mobile	Fax																			
<p>Colour Therapy skills and tools you are learning to use: <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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Colour Therapy Organisations/Schools studying with:																						
<p>Are you being 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 are 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"/> Is your work going to be verified externally? If so, by whom:																				
Name of Tutor:																						
Signature of Tutor:		Date:																				

Please send the following in with your application:

	Item	Tick	If not sent, please explain
1.	Photocopy/pdf of any colour qualifications to date		
2.	Photocopies/pdfs of other therapy skills you have qualified in, especially if you plan to combine these with colour		
3.	Photocopy/pdf of UK insurance certificate*		

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 above Conditions.

Payment

ACTO Professional Practitioner Register Annual Fee - £25

Please send a cheque for:

£25 with this application for Registration

Sterling Cheques only are accepted, please make them payable to “ACTO” and send to:
The Membership Secretary , PO Box 100, Exminster, Exeter, Devon, EX6 8YT

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