



Data Transfer Agreement

Name of professional association

Membership Number

Email address

Date of birth

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)*

Massage Therapy	<input type="checkbox"/>	Nutritional Therapy	<input type="checkbox"/>	Aromatherapy	<input type="checkbox"/>
Reflexology	<input type="checkbox"/>	Shiatsu	<input type="checkbox"/>	Sports & Remedial Therapy	<input type="checkbox"/>
Bowen Therapy	<input type="checkbox"/>	Yoga Therapy	<input type="checkbox"/>	Alexander Technique	<input type="checkbox"/>
Naturopathy	<input type="checkbox"/>				

Signed

Name

Date

I am already registered with CNHC: Yes No

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 (ie 5th, 6th etc).

If you are not a member of this Professional Association but wish to apply through them for registration and verification, please fill in the separate Request to Register application form for verification by this Professional Association