

Application Form

(Ref.W 10/11)

(PLEASE PRINT)

Title and Full Name Date of Birth

Address for Correspondence

.....

..... Post Code Home Tel. No.

Email for publication (ONE ONLY)

Website for publication (ONE ONLY)

Practice Areas (County followed by Main Town and ONE Contact Tel.No. only for each area. Maximum of THREE areas)

Main Practice Area:

Second Practice Area:

Third Practice Area:

Experience & Training (Specifically relevant to Smoking Cessation)

.....

.....

Main Therapeutic Approach/es (e.g. Hypno, NLP, CBT etc)

.....

PAYMENT & INSURANCE OPTIONS (Please tick relevant boxes)

I enclose a completed STANDING ORDER FORM in the amount of **£35.00**

OR

I enclose a CHEQUE in sum of **£40.00**

With regard to the OBLIGATORY *Professional Indemnity Insurance* requirements:

I already have cover in place that meets the below stated requirement

I would like to receive information on the Schemes available through the Register's Brokers

PLEASE CONTINUE

I hereby declare that the above information is correct. I confirm that no disciplinary action is pending or has ever been sustained against me by any professional body. I further confirm that I have never been convicted of a criminal offence and that no criminal prosecution is pending. **(If you are unable to confirm either of the foregoing sentences, please provide full, written details.)** I understand that continued Registration beyond each annual renewal date is dependent upon my compliance with whatever criteria are in place at that time. I agree to adhere to the *GHR Code of Ethics*. I understand that acceptance of my application is entirely at the discretion of the Registrar. I understand that in the event my application should be declined, I will be entitled to the return of any fee sent at that time. I understand and accept that failure to maintain relevant **Professional Indemnity & Public Liability Insurance** (minimum indemnity - £1,000,000) throughout any period of Registration with the CRSST will nullify that Registration. **(Please delete the following sentence if you do not agree)** - I agree that my contact details may be made accessible to members of the public, both in printed format and on the CRSST Website.

I have encbsed copies of Supporting Docum entation (see be bw)

Signed **Date**

Please make cheques payable to CentralTherapy Registers.

All Applications should be returned to:
CTR PO Box 204 LYMINGTON SO41 6W P
(Fee includes an annual Registration Certificate)

Notes for Guidance

SUPPORTING DOCUMENTATION

It is essential that the CRSST maintains full information with regard to Registrants' training and experience within the field of Smoking Cessation. Consequently, **copies of appropriate documentation must accompany all applications for Registration** (e.g. Training Certificates / Workshop Attendance Certificates / CV outlining relevant experience etc). Your written confirmation that a previous hypnotherapy training course included modules on Smoking Cessation will also be acceptable.

PROFESSIONAL INDEMNITY INSURANCE

Professional Indemnity & Public Liability Insurance is **mandatory for Registration with in the CRSST**. Although we can provide access to a choice of particularly attractive and cost-effective Block Schemes, participation is **not** obligatory **provided Registrants are suitably insured elsewhere**. Applicants **without** suitable provision should tick the relevant box overleaf indicating that they would like to receive information on the discounted Schemes available through our Brokers.

PRACTICE AREAS

In order to qualify for a specific area, a practitioner **must maintain an actual practice address with in the respective town or city cited**. (This cannot therefore simply be the surrounding locations from where a practitioner might reasonably expect to attract clients). A **maximum of three separate practice areas** are permitted.

*PERCENTAGE SUCCESS CLAIMS, SINGLE SESSION CLAIMS and GUARANTEES

All statements published by Registrants in respect of their services to the public must conform to current Advertising Standards Authority (ASA) requirements for their particular sector as regulated by the CAP Code (i.e. The British Code of Advertising, Sales Promotion and Direct Marketing.) With particular reference to **Smoking Cessation, specific claims should be supported by appropriate evidence**. In practice this means that should you wish to publish a **claimed percentage success rate**, you will need to **include a statement explaining on precisely which research studies your claim relies**. The ASA states **'Advertisers making success claims should ensure that they are based on rigorous evidence and not merely calculated on those clients who do not return for follow-up sessions or take up a money-back guarantee.'** You should also be aware that **your wording must make it perfectly clear that the evidence relates to the respective therapeutic model in general (e.g. hypnotherapy) and NOT the outcome rates for the specific practice being advertised** (i.e. not your own success rate as a practitioner). With respect to hypnotherapy and **Stop Smoking in a Single Session** claims, the ASA regards these as potentially misleading to clients and will only permit statements such as **'If you really want to stop smoking, then one session of hypnotherapy could be all you need'**. **Guarantees of success** are equally problematic. In this regard, the ASA will accept statements such as **'Your money back if you are not happy with the treatment. We are so confident that you will find our package of treatment beneficial that we guarantee to refund your payment in full if you are not satisfied with the quality of service provided'**. In practice, the CRSST discourages the use of guarantees as they can leave both client and practitioner open to uncertainty. (E.g. How long should a client go without smoking before you can lay claim to a successful outcome? What about the client who initially fails to stop smoking but subsequently stops two or three weeks after the therapy sessions have finished? etc).

***The Committee of Advertising Practice (CAP) provides a very useful service through their Copy Advice Team (Tel. 020 7492 2100, Email: copyadvice@cap.org.uk) who will inspect your proposed advertising copy and make recommendations on wording to help ensure it complies with the codes.**

Central Therapy Registers

(Central Register of Stop Smoking Therapists)

Bank Standing Order Mandate

(To be completed only if NOT paying your annual subscription by cheque)

ACCOUNT IN THE NAME OF: _____

YOUR ACCOUNT NUMBER : _____ YOUR BRANCH SORT CODE: _____

YOUR BANK OR BUILDING SOCIETY NAME: _____

ADDRESS: _____

POST CODE: _____

PLEASE CREDIT: Central Therapy Registers

Account Number: **01704785** *Bank:* **Lloyds TSB - Lymington** *Sort Code:* **30-95-32**

The sum of: **£35.00 (THIRTY-FIVE POUNDS)**
on receipt of this Order and then **ANNUALLY** until cancelled by me

SIGNATURE: _____ DATE: _____

FULL NAME: _____

ADDRESS: _____

POSTCODE: _____

Please return your completed Form to:

CTR PO BOX 204 Lymington SO41 6WP