



IRH New Member Application Form

All new, prospective members of the IRH are required to complete this registration form. Membership runs from April 1st-March 31st each year. Please tick one of the following membership options:

FULL MEMBERSHIP **STUDENT MEMBERSHIP** **ASSOCIATE MEMBERSHIP**

Please use block capitals in the rest of the form and attach all relevant documents (Hard copies only, we cannot accept electronic). Missing information will slow down your application. The IRH is a voluntary organisation. Please be patient. If you have not heard from us after 28 days please get in touch at: membership@irh.ie

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		
NAME			
ADDRESS 1		MAIN TELEPHONE	
ADDRESS 2		WORK TELEPHONE	
ADDRESS 3		HOME TELEPHONE	
TOWN/CITY		MOBILE PHONE	
POST CODE		PRIMARY EMAIL	
WEBSITE		SECONDARY EMAIL	

*Star the e-mail and phone number you want listed in the IRH database and for FULL MEMBERS indicate the details you wish to have displayed in the public Find A Herbalist section of the IRH website.

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

Payments by cheque (payable to the 'Irish Register of Herbalists') will not be cashed until membership is verified. If you wish to pay online a PayPal link will be sent to you once your membership application has been verified.

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
FULL	Full Membership (Full or Part-Time Practice)	€130.00	
STUDENT	Student Membership	€40.00	
ASSOCIATE	Associate membership (Non-Practicing). Associate members can upgrade to full membership in time. Please see membership guidelines on the IRH website.	€50.00	
DONATION	I wish to support the work of the IRH and enclose the following donation (Thank You!)	€.....	
	For full details on membership options visit: https://irh.ie		
PAYMENT METHOD	<input type="checkbox"/> Cheque <input type="checkbox"/> Online PayPal <input type="checkbox"/> Postal Order <input type="checkbox"/> Other		

SECTION 3: MEMBER INFORMATION

List the establishment(s) where you received/are receiving your training (include type and date of qualification): <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> BSc. <input type="checkbox"/> PG Cert. <input type="checkbox"/> PG Dip. <input type="checkbox"/> MSc. <input type="checkbox"/> PhD.
Have you otherwise trained in herbal medicine through a traditional apprenticeship? <input type="checkbox"/> Yes <input type="checkbox"/> No Please give details on a separate page and attach to this application.
Would you like to receive information from IRH by email ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Best Email:
Are you qualified in any other health-related disciplines? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any other qualifications here:
Do you have a separate insurance policy for these other disciplines? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of another Professional Association? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you previously been a member of another Association? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please tell us why you are no longer a member on a separate piece of paper and attach to this application. The IRH may ask for a letter from your previous association to ensure that you have not been expelled from that organisation. <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently involved in a legal process? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer yes to either of the above questions please attach details on a separate piece of paper and attach to this application.
Have you been or are you on a sex-offender register? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you authorise the IRH to carry out a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have an insurance policy for herbal medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of your current up to date insurance policy with this application. Would you like to avail of the IRH Block Insurance Scheme? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please visit the IRH website and download the appropriate insurance form. This form should be sent to the Insurance Company and NOT to the IRH.
Would you be interested in helping with the work of the IRH? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes in what capacity? <input type="checkbox"/> Committee <input type="checkbox"/> IRH Physic Garden <input type="checkbox"/> Herb Patch Project <input type="checkbox"/> National Herb Week <input type="checkbox"/> IT <input type="checkbox"/> Other Please give an indication what else you think might be of help. If you would like to help with the work of the IRH please let us know the times and date you are generally available on a separate sheet of paper and attach to this application.
<p>Full Member Application: I understand that to be a Full Member of the IRH that I have graduated from an establishment which meets the IRH Core Curriculum criteria and that I am legally obliged to hold an appropriate insurance policy to practice as an Herbalist in Ireland (inc. Northern Ireland) or other countries where I practice. I understand that if I do not have adequate insurance at any time during my IRH membership then my IRH membership is invalid and I may incur a penalty. Please tick <input type="checkbox"/></p> <p>I understand that I must supply copies of all the following documents when first applying for Full Membership; a relevant CV, appropriate certificates (qualifications and insurance), 2 professional references and a photograph. Please tick <input type="checkbox"/></p> <p>I agree to undertake 100 CPD points per annum in support of my ongoing membership. I understand I may be subject to an audit from time to time. Please tick <input type="checkbox"/></p> <p>You do not need to submit CPD information when first applying. Full details of CPD requirements are available to Full Members in PDF form in the membership Resources section of the IRH website. You need to sign in to access this.</p> <p>Associate Member Application: I understand that to be an Associate Member of the IRH that I have graduated from an establishment which meets the IRH Core Curriculum criteria (or I have studied through a traditional apprenticeship) but that I will not be engaged in practice, for example due to a career break or maternity leave; because I am in the process of upgrading to Full Membership or that I am a graduate of a course which does not meet our entry threshold. Please tick <input type="checkbox"/></p> <p>I include a photograph with this application. Please tick <input type="checkbox"/></p> <p>Associate members are expected to pursue 50 CPD points per annum if they intend to upgrade to full membership. Please tick <input type="checkbox"/></p> <p>Student Member Application: I understand that I can join the IRH as a student member provided I am studying on a reputable course which ideally meets the IRH Core Curriculum criteria. Please tick <input type="checkbox"/></p> <p>I may also join as a student if I am on another course which doesn't meet the IRH Core Curriculum criteria but if I intend to become a practitioner I understand that I will have to go through the IRH grand-parenting scheme. Please tick <input type="checkbox"/></p> <p>I understand that my student insurance should be covered by my course. Please tick <input type="checkbox"/></p> <p>If my insurance is not covered or if practicing outside of my course (i.e. to gain extra clinic hours under private supervision I have organised private insurance and enclose a copy of the insurance certificate and a letter from the supervisor. Please tick <input type="checkbox"/></p> <p>I enclose a letter from the school at which I am studying and attach it with this application. Please tick <input type="checkbox"/></p> <p>I include a photograph with this application. Please tick <input type="checkbox"/></p> <p>For details on the IRH Core Curriculum please contact membership@irh.ie or go to www.irh.ie</p>
<p>I declare that I have not been struck off or had to cease the practice of herbal medicine for any legal reason; nor am I currently involved in such a process. Please tick <input type="checkbox"/></p> <p>I agree to have my data, as detailed above, held by the IRH to fulfil the IRH membership requirements and I understand that it will be held in accordance with the General Data Protection Regulations 2018 which have been explained to me. Please tick <input type="checkbox"/></p> <p>I agree to be included on the IRH mailing list and to receive any relevant information from the IRH in relation to any events, news and activities pertaining to the work & projects of the IRH in the broader field of herbal medicine and CAM. Please tick <input type="checkbox"/></p> <p>I understand that I can opt out of the above consents by emailing the IRH at any time.</p>
<p>I confirm that the above information is true and correct and authorise the IRH to make the necessary reference checks in connection with this application. I have downloaded, printed and read the IRH Constitution and the IRH Code of Ethics (available on the IRH website) and hereby agree to abide by these documents. Please tick <input type="checkbox"/></p> <p>I understand that the award of memberships is at the discretion of the IRH committee. I understand that if I am in breach of the IRH Constitution or the IRH Code of Ethics that I may be fined or subject to expulsion. Please tick <input type="checkbox"/></p>

Signature:

Date:

Membership applications should be sent by post to:
(Please only send copies and not originals of any relevant certificates or insurance documents)

**Membership Secretary,
Irish Register of Herbalists,
Unit 5C Nutgrove Office Park,
Rathfarnham,
Dublin 14,
Ireland**

If there are any changes to your details following your application please get in touch with membership@irh.ie

Office Use Only:

All details and documents present and correct: Please tick

Payment has been authorised and received: Please tick

Information is incomplete or documents are missing and the applicant has been contacted: Please tick

Membership has been granted. Yes No

Authorised by:

Membership Number Awarded: