**Application to become a Professional Committee Member**

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| **Name**: |
| **Postal address**: |
| **Email address**: |
| **Contact telephone number/s**: |
| **Please state clearly and succinctly how you meet each of the following Competences**  **COMPETENCY 1: Understanding and commitment to the role of CNHC** |

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| **COMPETENCY 2: Collaborative and communication skills** |
| **COMPETENCY 3: Assessing evidence and making decisions** |
| **COMPETENCY 4: Personal development** |
| **COMPETENCY 5: Demonstrating fairness** |

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| **COMPETENCY 6: Demonstrable ability of conducting meetings in public and/or drafting formal decisions** |
| I confirm I have never trained or practised as a Complementary Therapist and if shortlisted can be available for interview in central London on **12 or 13 November 2025**.  Signed: Dated: |

Please return this form and the Equality, Diversity and Inclusion data collection form to [info@cnhc.org.uk](mailto:info@cnhc.org.uk) by 5pm on **7 October 2025**.   
All applications will be acknowledged.