**Application to Register with the Complementary & Natural Healthcare Council (CNHC)**

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| **Name of Professional Association** | **Complementary Therapists Association (CThA)** |
| **CThA Membership Number** |  |
| **Email Address** |  |
| **Date of Birth** |  |

**I give permission for you to check my details and then confirm that I am eligible for CNHC registration in the following discipline. If I am eligible, I give consent for you to provide my personal details to CNHC** (*please tick*):

**Aromatherapy Massage Therapy Reflexology**

**Shiatsu Sports Therapy**

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |

**Please return this completed Request to Register form direct to the Complementary Therapists Association, Room 4.11, 83 Baker Street, Marylebone, London W1U 6AG. Email:** [info@ctha.com](mailto:info@ctha.com)

**As soon as CThA has provided your details to CNHC you will be sent an automated email from the CNHC inviting you to complete your registration and pay the CNHC registration fee online.**

**The CNHC registration fee is £75 for your first discipline**.

Each additional discipline costs £10 up to your 4th discipline, after which there is no fee for additional disciplines.

[**www.cnhc.org.uk**](http://www.cnhc.org.uk)