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

**Please return this completed form direct to the British Alliance of Healing Associations (BAHA)**

|  |  |
| --- | --- |
| **Name of Professional Association (PA)** |  |
| **PA Membership Number** **(*if applicable*)** |  |
| **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*):

**Healing**

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

**Please return this completed Request to Register form direct to British Alliance of Healing Associations (BAHA), 35 Redscope Crescent, Kimberworth Park, Rotherham, South Yorkshire, S61 3LY.   
Please enclose a cheque for £15 made payable to ‘BAHA’.**

**As soon as BAHA 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)