

Portfolio application for CNHC registration – Yoga Therapy

Guidance

In order to be eligible to apply for registration with CNHC practitioners must have

- undertaken a programme of training that meets, as a minimum, the Yoga Therapy National Occupational Standards and the Yoga Therapy Core Curriculum.

OR

- have achieved competence to the level of the Yoga Therapy National Occupational Standards by means of relevant experience of at least three years and been assessed by their peers as having met those Standards.

If you need to present a Portfolio application your application will be assessed by the Yoga Therapy Profession Specific Board (PSB).

Your portfolio needs to include:

1. Request to Register form – see Annex 1
2. Character Reference form – see Annex 2
3. Personal details and list of evidence sent with portfolio – see Annex 3
4. Education and Training Details – see Annex 4

Qualifications and Courses / Seminars Form

Copies of certificates are to be attached.

Continuing Professional Development (CPD) relevant to Yoga Therapy Form

Please attach copies of certificates if available/appropriate.

5. Statement of Practice/Career Summary – see Annex 5

**Please return your completed forms with copies of qualifications and completed character reference form direct to CNHC by email/post:
46-48 East Smithfield, London E1W 1AW, info@cnhc.org.uk**

Members of CNHC's PSB for Yoga Therapy will screen your application to assess the costs of verifying whether you are eligible for registration. The charge for verification is on a sliding scale of up to £150 depending on the amount of work involved and whether you will need to be interviewed. The PSB member responsible for verifying your application will then contact you to let you know the charge and, if you are in agreement, arrange payment. The verification fee is in addition to the registration fee which is payable on completion of the registration process.

Please note:

1. Verification requires individuals to have professional indemnity insurance

2. On receipt of verification by the PSB, you will be sent an automatic email from the CNHC register inviting you to complete your registration and pay the annual registration fee.
3. The registration fee is £65 for your first discipline. Each additional discipline costs £10 up to your 4th discipline, after which there is no fee for additional disciplines.

Following receipt of the above forms, you **may** be required to provide two case studies (guidelines will be made available to you) and/or attend an interview with the Yoga Therapy PSB.

Request to Register Form

Name of Applicant

Email address

Date of birth

1. I give permission for you to check my details for verification and then confirm my eligibility to CNHC for the purpose of entry to the CNHC Register in the following discipline:

Yoga Therapy

2. I confirm I meet the requirements of the Yoga Therapy NOS in my teaching of Yoga Therapy.

In particular I have experience of: taking a case history for each individual; assessing the individual using yoga models; planning a series of yoga practices tailored for that individual; teaching the yoga practices; modifying practices in light of feedback from the individual.

3. I confirm I have Professional Indemnity Insurance.

Company:			
Policy number:		Expiry date:	

CNHC Code of Conduct, Ethics and Performance

4. I agree to abide by the CNHC Code of Conduct, Ethics and Performance

Signed

Name

Date

Character Reference Form

Your application must be supported by this fully completed Character Reference form.

Name of Applicant

Address

The above person has applied to join the Register of CNHC, the voluntary regulatory body for complementary health practitioners. In order to be eligible to be admitted to the Register, the applicant must satisfy CNHC that he/she is of good character.

A reference as to the applicant's character is to be provided on this form by a person of professional standing in the community, who is not a relative and who has known the applicant for at least 3 years. The referee must know the applicant well enough to make a judgement as to the applicant's integrity, trustworthiness and honesty.

People of professional standing include JPs, lawyers, accountants, health care professionals, religious officials or senior figures in business, the public sector or voluntary sector.

Referee's Name

Occupation

Practice or Business

Contact Address

Telephone Number
and Email address

Please state in what capacity the applicant is known to you:

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I am satisfied that, to the best of my knowledge, the applicant is of good character and fit for registration (*please tick*) OR

The CNHC should be aware of the following details of the applicant's character, which might affect his/her suitability for registration:

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Signed:

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Date:

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Personal details and list of evidence sent with portfolio

PERSONAL DETAILS			
Title:		Gender:	
Surname:		Forename/s:	
Address: (Inc postcode)			
Home Telephone:		Work Telephone:	
Mobile		Email address:	
Where do you currently teach yoga as therapy?			Since when?
<p>I wish to submit my previous experience and qualifications as evidence that I meet the National Occupational Standards (NOS) for Yoga Therapy and Yoga Therapy Core Curriculum topics.</p> <p>Please list the evidence you have submitted for verification</p>			
DOCUMENTS SENT:		DATE	OFFICE USE
Qualifications and Courses / Seminars Form			
Continuing professional development form			

Copy of certificates (DO NOT SEND ORIGINALS – they cannot be returned)		
Statement of practice and career summary (including the 7 headings requested in the guidelines)		
Copy of commendation / recommendation letter(s)		

Education and Training Details

Please include all relevant qualifications, courses etc – and complete all sections.

If you wish to use qualifications other than yoga teaching or yoga therapy and to explain how your skills from these other qualifications transfer then please put ‘other qualifications’ in appropriate boxes and use section 3. You will need to explain in detail how these skills transfer in your ‘Statement of Practice and Career Summary’.

Copies of certificates in Yoga Teaching, Yoga Therapy, other professional qualifications where wish to show transferable skills, and other relevant courses you have listed are required with your application. **Do NOT send original certificates!**

If the organisation no longer operates please have the copy certified by a solicitor, accountant, JP, your doctor, your bank, or equivalent; with “*I certify this is a true copy*” signed and dated.

If you have subsequently changed your name, please include a copy of your marriage certificate or deed poll change certificate.

An example is given at the start of each section. Additional sheets may be used.

Applicant name:

1. INITIAL YOGA TEACHING QUALIFICATION

Name of awarding body:	
Name of qualification:	Date qualified:

2. YOGA THERAPY QUALIFICATIONS

EXAMPLE

Qualification: Period of Course with dates: Training provider (TP): Course Tutor: TP e-mail contact details:	Yoga Therapy Diploma September 1997 to July 2000. (Enter training provider) (Enter name of tutor) (Enter e-mail contact details)
Details of course content: Or attach copy of syllabus	Year 1: human anatomy and physiology, asana in relation to A+P, modification, variation, safety. Yoga Philosophy 1 Year 2: key therapeutic yoga models, practice of pranayama, meditation, Yoga Philosophy 2, practice management 1 Year 3: understanding a wide range of health problems, mental and emotional models, counselling, practice management 2 OR

	A COPY OF SYLLABUS IS ATTACHED
Reason for attending:	To train professionally as a Yoga Therapy Practitioner

Therapy practice training:	Year 1,2&3 practical training including: modifying & varying yoga techniques, analysing a client's health, designing yoga programme to address client aims, reviewing effectiveness, developing skills with client, practice management etc. Supervised therapy practice.
COPY Certificate enclosed:	YES

Qualification: Period of Course with dates: Training provider (TP): Course Tutor: TP contact details:	
Details of course content: (or staple course syllabus taken to this document)	
Reason for attending:	
Therapy practice training:	
COPY Certificate enclosed:	YES / NO

Qualification: Period of Course with dates: Training provider (TP): Course Tutor:	
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TP contact details:	
Details of course content:	
Reason for attending:	
Therapy practice training:	
COPY Certificate enclosed:	YES / NO

3. OTHER RELATED QUALIFICATIONS/TRAINING

EXAMPLE

Title with dates: Hours of attendance: Training Provider: Course Tutor: TP contact details:	Understanding Mantra 5 – 10 July 2008 40 hrs (Please enter details) (Please enter name) (Please enter e-mail contact)
Details of course content: Or attach syllabus	Exploration of mantras which have their roots in Indian culture, meaning and application for therapy needs, the impact of sound, links to subtle anatomy, 20 hrs of practice, discussion on who would benefit from such a practice. OR SYLLABUS ATTACHED
Learning outcome and relevance to therapy practice	Understand the subtlety & effectiveness of mantra. Design mantra practices. This course widened my appreciation of mantra and increased my confidence in proposing practices to appropriate clients.
COPY Certificate enclosed:	YES

EXAMPLE

Title with dates: Hours of attendance: Training Provider: Course Tutor: TP contact details:	Membership of the Royal College of General Practitioners (MRCGP) March 2005 1 yr (Please enter details) Course organiser was www.gmc-uk.org for register
Details of course content: Or attach syllabus	SYLLABUS ATTACHED

Learning outcome and relevance to therapy practice	How to practice medicine with members of the public in a general practitioners practice – specifically taking a thorough medical history inc. physical examination, able to make a working diagnosis, communicate professionally.
COPY Certificate enclosed:	YES

Title with dates: Hours of attendance: Training Provider: TP contact details:	
Details of course content:	
Learning outcome and relevance to therapy practice	
COPY Certificate enclosed:	

Title with dates: Hours of attendance: Training Provider: TP contact details:	
Details of course content:	
Learning outcome and relevance to therapy practice	
COPY Certificate enclosed:	

Title with dates: Hours of attendance: Training Provider: TP contact details:	
Details of course content:	
Learning outcome and	

relevance to therapy practice	
COPY Certificate enclosed:	

Title with dates: Hours of attendance: Training Provider: TP contact details:	
Details of course content:	
Learning outcome and relevance to therapy practice	
COPY Certificate enclosed:	

4. CONTINUING PROFESSIONAL DEVELOPMENT RELATED TO

YOGA THERAPY - FOR LAST THREE YEARS - Please do not exceed three pages.

DATE	BRIEF COMMENT ON ACTIVITY AND WHAT LEARNT e.g. LECTURE / ACTIVITY: Give training provider SUPERVISION: 'one to one' or peer group SELF DIRECTED LEARNING: see below	HOURS	CERT
EXAMPLE	Day of Physiotherapy observation at XYZ practice, Reading. I saw 6 sessions with different Physio's and clients with differing needs. It gave me an appreciation of the approach, treatment, way of thinking, and home practice aims. I have found this invaluable in understanding how to adapt for clients already using physio.	6hrs	No but arrangement letters available.
EXAMPLE	Discussion with mentor on complex case where abuse as a child was hindering recovery. Way forward agreed which helped client. Gave me confidence to deal with similar issues in the future.	1hr	My mentor can confirm session.
EXAMPLE	Study Journal of IAYT. Vol 19 pages 63- 89 Research review on effects of yoga w.r.t. bone density, balance, stress. Follow up	1hr	No but emails available.

	with email exchange with one of the authors.		

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Self directed learning (as examples below) may make up a SMALL proportion of total CPD hours.

- Recent relevant reading with source of material: e.g. [Yoga as Medicine](#); [Timothy McCall, M.D.](#)
- Regular Journals/News/Updates: e.g. [International Journal of Yoga Therapy, IAYT](#)
- E-news: e.g. [IAYT articles on line](#)
- Web addresses: e.g. www.iayt.org

Statement of Practice/Career Summary

Please submit a document under these 7 headings. Please keep your discussion to 3 pages maximum and then attach copies of forms, letters of commendation etc.

1. Name, email, telephone number

2. Define your scope of practice

You may define a broad or a limited scope of practice. Scope of practice means the areas you have sufficient experience to practise within. Please include:

- how you deliver yoga therapy i.e. 'one to one'; individuals within a group; 'one to one' and groups
- age of clients e.g. adults, over 65 years, children
- type of client e.g. normally healthy, those with specific conditions only, extremely vulnerable or frail
- conditions you address with yoga therapy e.g. a broad spectrum, back pain, perinatal, learning disabilities

3. How I meet the Yoga Therapy NOS

Please show how you meet the Yoga Therapy National Occupational Standards (NOS) for your scope of practice.

You will need to discuss the depth of experience you have in the areas you mention; giving examples of cases as illustration. You may wish to refer to training you have listed on the Qualifications and Courses / Seminars form or the CPD form, but please do not duplicate information you have already given on these forms.

If you do not have a yoga therapy qualification, then please show how your skills have developed, including how skills from other qualifications transfer.

Applicants must be able to demonstrate a high quality and in their practical ability to teach yoga techniques and understand their effects. Appropriate supervised teaching should be part of a yoga teaching qualification which spanned several years. If you do not have a yoga teaching qualification or this was not part of your course, then please explain how you have developed your practical teaching and observation skills.

4. How I conduct Yoga Therapy

Describe: - the ways in which you assess clients, how you set the direction for practice, formulate the initial practice, agree with clients the practices they are to take, teach the practice to the clients, deal with feedback from the client, develop practices over time for that individual.

Include examples of any forms you may use for taking a case history, proposing a practice, keeping records of client meetings and comments etc.

Please read the CNHC Codes of Conduct, Ethics and Performance for Registrants and make any relevant comments on them with regard to your practice as a Yoga Therapist.

5. My personal yoga practice and reflective practice

Give a brief resume of your personal yoga practice including how you develop your practice and any supervision you receive.

Describe ways in which you reflect on the yoga therapy you have given, how you have modified your approach, and the type of supervision you receive.

6. Additional Professional activities

Describe any talks or teaching - related to Yoga Therapy - you have given or are giving. Tell us about membership of any related professional organisations and any work you have done or are doing with them or on their behalf.

7. Letters of commendation

Copies (NOT originals!) of letters of commendation, recommendation etc.