

British Flower and Vibrational Essences Association

Application Form

Name		
Address		Post Code
Tel: No (inc.code):	Fax No.	Mobile No
Email	Website: http://	

Advanced Practitioner Membership

- () Enclosing photocopy of BFVEA course certificate
- () Enclosing Anatomy & Physiology Certificate
- () Enclosing signed code of conduct agreement form & Data Consent form*
- () Enclosing current membership fee
- () Enclosing copy of current insurance certificate that allows you to work with Flower Essences

Practitioner

- () Enclosing photocopies of course certificates
- () Enclosing Anatomy & physiology certificate
- () 3 x 3 case studies *
- () Enclosing any certificates or evidence of prior learning of recommended subjects. *
- () Enclosing signed code of conduct agreement form & Data Consent form*
- () Enclosing current membership fee
- () Enclosing copy of current insurance certificate that allows you to work with Flower Essences

Membership by Experience

- () Enclosing CV and journey with essences, books read, essence making etc.
- () Enclosing any certificates or evidence of prior learning of recommended subjects. *
- () Enclosing Anatomy & Physiology certificate
- () Enclosing 3 x 3 case studies *
- () Enclosing signed code of conduct agreement form and Data Consent form*
- () Enclosing current membership fee
- () Enclosing copy of current insurance certificate that allows you to work with Flower Essences

Therapist Membership

- () Enclosing copy of current Insurance certificate that allows you to work with Flower Essences
- () Enclosing copy of flower essence certificates
- () Enclosing copy of Anatomy & Physiology certificate
- () Enclosing any certificates of prior learning of recommended subjects*
- () Enclosing signed Code of Conduct agreement form & Data Consent form.*
- () Enclosing current membership fee.

N.B. All categories of BFVEA Practitioner Membership require a current insurance policy. Although you can apply for membership without a current insurance policy you will be required to seek insurance after your membership has been agreed. If you are currently insured please enclose your certificate. A Block insurance scheme is available for BFVEA Members.

^{*} Forms and Code of Conduct and Constitutional documents and Date consent form can be downloaded from the BFVEA website http://bfvea.com or requested from the Membership Secretary.

Category of Membership Requested

() £60 UK Advanced Practitioner Membership

() £60 UK Practitioner including Membership by Experience or Therapist Membership () £65 International Advanced Practitioner Membership

Total	cheque/PO end	cheque/PO enclosed made payable to BFVEA				
within the BFVEA	or with the printer	of the quarterly mag	azine, in which case	pt when sharing internally only your name and address en your data will be deleted.		
	ques/PO payable to lere appropriate) to:	BFVEA and send this	form, your subscript	ion and		
Credit card. Plea			pay on line with Pay at if you wish to pay b			
Helen Ward Membership C BM BFVEA London WC1N 3XX	Officer					
•	3	(Name, Telephone nasite. Please complete	umber, email address the table below.	,		
Name	Town	Tel: No.	Website	Additional info		
Signed Do you require	a receipt Yes	No	Dated			
,		VEA. Please give as		s possible. Thank You		
				Event		