

Application / Renewal Form

Retired Members

You can fill out the form below by either typing your answers digitally and emailing it to us or printing it out to fill in by hand and then post, scan and email it to us.

If you fill it out digitally, you are agreeing that your electronic signature (typing your name) is the legally binding equivalent of your handwritten signature.

1. Personal details

Dr/Mr/Mrs/Ms/other title:

Full name:

HGI Registration No:

Date:

Profession:

Address:

Postcode:

Telephone no:

Email address:

Therapeutic or educational
areas of interest:

2. Declarations

2.1. Criminal convictions

I have no criminal convictions other than those detailed below.

Signed:

Please type or write your name above

N.B. The Rehabilitation of Offenders Act 1974 means that, while the law protects you from having to disclose some old and/or minor convictions and cautions, you must still disclose any sexual or violent offences as well as any convictions that resulted in a custodial sentence. If you have more than one such conviction, you must disclose them all. Any other convictions cease to show up on a DBS check 11 years after the event, if you were 18 or over at the time, or 5 and a half years after the event, if you were under 18 at the time. Cautions cease to show up on a DBS check after 6 years, if you were over 18 when the caution was given, or after 2 years, if you were under 18 at the time. **Please be aware that it is your responsibility to disclose all relevant matters.**

If you have criminal convictions, please give details below:

2.2. Complaints, court or disciplinary proceedings

I have no pending or current complaints or court or disciplinary proceedings against me other than those set out below and confirm that I will inform the HGI immediately if any such matters arise. Details of any complaints or court or disciplinary proceedings against me in the last 3 years are set out below.

Signed:

Please type or write your name above

Details of any complaints or court or disciplinary proceedings (current / pending / within last 3 years):

2.3. Professional register

I confirm that I have never been struck off another professional register.

Signed:

Please type or write your name above

Please give details of any breaches disclosed:

2.4. HGI Code of Ethics and Conduct

I have read, understood and will abide by the HGI Code of Ethics and Conduct.

Signed:

Please type or write your name above

2.5. Code of Ethics breaches

I confirm that I have not breached any of the provisions of the HGI Code of Ethics and Conduct other than as disclosed below.

Signed:

Please type or write your name above

Please give details if you are unable to sign above:

3. Retired Membership Declaration

I understand that retired membership of the HGI is a non-practising membership category.

I confirm that, while holding retired membership, I will not practise as a human givens therapist, supervisor, clinical practitioner, or otherwise offer human givens therapeutic services to the public

I understand that I will not be listed on the HGI practitioner register or supervisor register. I agree not to represent myself in any way that could reasonably imply that I am currently practising, available to practise, or registered with the HGI as a practising therapist or supervisor.

I understand that if I wish to return to practice in the future, I must contact the HGI, comply with any return-to-practice requirements in place at that time and re-register as a practising member before resuming practice.

Signed:

Please type or write your name above

4. Payment details

The annual fee for Retired Membership is £60. Please tick the appropriate box for your chosen method of payment:

- a) **I will set up a standing order with my bank for £60 to be paid annually, with immediate effect, and will use my name as a reference.**

Please note: standing orders must be paid from a UK Sterling bank account.

HGI bank details:

Account name: Human Givens Institute Ltd

Sort code: 30-95-01

Account number: 03281336

BIC: LOYDGB21103

IBAN: GB98 LOYD 3095 0103 2813 36

- b) **I will make an online payment for my annual membership to the HGI, and will use my name as a reference.** Please credit the account of the Human Givens Institute Ltd (*details above*) with **£60**.
- c) **I would like to pay £60 by credit/debit card. I will call the office on 01323 811662.**
- d) **I would like to pay by cheque and enclose one for £60 made payable to The Human Givens Institute Ltd.**

Please return your completed form by email or post to:

The Human Givens Institute
Church Farm Lane
Chalvington
East Sussex
BN27 3TD

Email: admin@hgi.org.uk