

LAST UPDATED 27 SEPTEMBER 2017

## APPLICATION FORM FOR THE NUTRIGENETIC COUNSELLOR (NgC) REGISTER

- ALL boxes must be ticked in order to apply
- PLEASE PRINT CLEARLY USING CAPITAL LETTERS AND BLACK INK

### Personal Details *(This information is not for publication & will not appear on the Directory)*

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Male Female

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

e-mail: \_\_\_\_\_

### **In support of my application and criteria for entry onto the NgC Register**

I am a Full Practising Member of BANT and subject to the Terms and Conditions of Membership of BANT: [www.bant.org.uk/nutritional-therapy-careers/join-bant/terms-and-conditions-of-membership/](http://www.bant.org.uk/nutritional-therapy-careers/join-bant/terms-and-conditions-of-membership/)

**BANT Membership Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

I am a CNHC Registered Nutritional Therapist or HCPC Registered Dietitian

**CNHC / HCPC Reg Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

I have insurance to practise and am fully covered for any Civil Liability arising out of the practice of Nutritional Therapy, including public liability, product liability, professional indemnity and libel or slander.

**Insurance Registration Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

I have completed 4 online BANT Learning Zone modules and **provide a copy of the certificates.**

1. Functional Testing Module 1
2. Functional Testing Module 2
3. Functional Medicine - The Principles of Functional Medicine
4. Nutrigenomics

I use genetics profiles/tests following related company product training. **Please provide a copy of your certificate of product training in the use genetic profiles/tests.**

I agree that my current practice details are listed on the BANT practitioner pages and that there will be a specific search field for Nutrigenetic Counsellors listed as NgC.

I commit to updating my skills in nutrigenetic practice through targeted CPD to meet the published and updated competencies.

**Signature:** ..... **Date:** .....

*(By signing here you agree to the above statements. If you do not sign we cannot process your application)*

**Please return this application form, signed and dated, to:**

British Association for Applied Nutrition and Nutritional Therapy (BANT)

27 Old Gloucester Street, London WC1N 3XX **OR**

**You can scan and email the form plus associated documents to [theadministrator@bant.org.uk](mailto:theadministrator@bant.org.uk)**