

## Application for Registration to OCI, 2017

Return by **1<sup>st</sup> March** to: Osteopathic Council of Ireland, 3 Terenure Road West, Terenure, Dublin 6W  
Email: [info@osteopathy.ie](mailto:info@osteopathy.ie). Tel.: 01-676 8819

### Public Information – this will be posted on the OCI website

Name:

Practice Address 1:

Phone:

Email:

Website:

Practice Address 2 (if applicable):

Phone:

Email:

Website:

Practice Address 3 (if applicable):

Phone:

Email:

Website:

**I declare I will update OCI of any changes immediately: Yes / No (please circle)**

**Private Information - for OCI administrative use only. You must supply an email address, as most communication will be via email.**

Home address:

Mobile:

Email:

### Education & Training

List any qualifications obtained in the past year, including first aid.

Are you a member of any other professional register? If yes, please list.

### Health & Fitness

I declare that I am fit to practise:                      **Yes / No** *(please circle)*

### Character

*Please circle Yes / No for the following questions:*

Have you ever been convicted of a criminal offence, or are any criminal charges pending? You are not obliged to report charges for which you were subsequently cleared. **Yes / No**

If yes, please complete the following.

Your name when offence alleged or committed:

Date of offence:

Country:

Sentence awarded:

In the past year, have you been removed from any professional register? **Yes / No**

If yes, please give details including Register(s) and date(s):

Do you consent to criminal record checks? **Yes / No**

If no, state reason:

### Professional Indemnity Insurance

*Please circle Yes / No for the following questions:*

I have and will maintain appropriate cover and run off cover to satisfy OCI requirements. This is currently (2016) the Euro equivalent of £2.5m sterling pounds. In the future, please refer to the OCI Codes of Practice.

**Yes / No**

Have any complaints/claims been made against you in the last year? **Yes / No**

If yes, please give details:

Have you ever had a claim made against you as an osteopath in the past? **Yes / No**

If yes, give details:

Do you have any complaints/claims pending? **Yes / No**

If yes, give details:

### Membership Status

<input type="checkbox"/> Full Member €395	<input type="checkbox"/> Half Year (Mar- Aug or Sept – Feb) €197.50
<input type="checkbox"/> Maternity Leave €197.50	<input type="checkbox"/> Non-Practising €197.50
<input type="checkbox"/> New Graduate €300	<input type="checkbox"/> New Graduate (Mar – Aug or Sept – Feb) €150
<input type="checkbox"/> Retired Member €100	

### Payment Details

<input type="checkbox"/> Cheque / Bank Draft	<input type="checkbox"/> Bank Transfer
<input type="checkbox"/> Standing Order	<input type="checkbox"/> PayPal

*Please read the following payment instructions carefully:*

Cheques should be made payable to 'Osteopathic Council of Ireland'

**\*\* All bank transfers & standing orders must contain your name as a payment reference so that we can track your payment. Any un-narrated payments will incur a €40 admin fee. \*\***

Standing orders MUST be completed during 2016, i.e. if it starts in March, it must be a 10-month S.O. (€39.50 per month), if in April, it must be a 9-month S.O. (€44 per month), if in May it must be an 8-month S.O. (€49 per month) etc. All payments must be finalised by December 31<sup>st</sup>.

PayPal payments will incur a €15 transaction fee.

Our bank details:

**Name:** Osteopathic Council of Ireland

**BIC:** AIB KIE 2D

**IBAN:** IE97 AIBK 933392 10784062

### Final Declaration

I hereby declare that the information given above is true and accurate in all respects.

I agree that if it is found not to be the case, I will be subject to disciplinary process.

I further agree that in the event of request for further information by a professional body in another jurisdiction, OCI may provide information at that time in relation to any criminal records or charges pending notified to OCI.

I hereby declare that I have read and abide by the OCI's current codes and standards of practice. (Please refer to your OCI documentation pack or website for further details.)

**x**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please ensure that you enclose with this application:**

- Copy of your most recent insurance certificate relating to osteopathy
- CPD Annual Summary form
- Copy of child protection training certificate
- Copy of valid First Aid certificate
- Copy of proof for any new qualifications
- Cheque (or date of bank transfer/standing order etc \_\_\_\_\_)