

# IRH

## Irish Register of Herbalists

**Full Name:** \_\_\_\_\_ **Title: (Mrs/Ms/Mr/other)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_ **Mobile:** \_\_\_\_\_

\_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_ **Fax:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I am applying for membership for (Please tick appropriate box)**

**\*\* Fully Qualified Membership €90**  **Honorary & Fellowship Membership € 0**

**\*\* Associate Membership €60**  **Friends of the IRH**   
**Non-practising** **I wish to donate€ \_\_\_\_\_**  
**(To promote the work of the IRH)**

**\*\* Associate Membership €40**  **Payment made on PayPal** yes/no  
**Student**

**Please list the school or college where you qualified (or are training) and discipline(s):**

**College** \_\_\_\_\_ **Date Qualified** \_\_\_\_\_ **Discipline** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Membership of other professional bodies:** \_\_\_\_\_

**Previous membership of other professional bodies:** \_\_\_\_\_

**Reasons for leaving other professional bodies:** \_\_\_\_\_

**Do you have a criminal record or are you currently involved in the legal process:** \_\_\_\_\_

\_\_\_\_\_

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**Do you currently hold an insurance policy:** \_\_\_\_\_  
**Please attach a valid copy**

**I wish to take part in the IRH Block scheme for Insurance:**   **Yes**                      **No**   

**I wish to take part in the IRH Client Referral Scheme:**           **Yes**                      **No**   

I understand that to be a “**Full Practising Member**” of the IRH I am fully qualified to diploma level or above and I am legally obliged to hold adequate insurance to practice as an Herbalist in Ireland (including Northern Ireland). It is also understood that if I do not have adequate insurance at any time during my IRH membership my IRH membership during this period is invalid. **Please tick to accept:**   

I understand that to be an “Associate member” of the IRH I am a student on a recognised course or qualified but not currently in practice due, for example, to a career break.  
**Please tick to accept:**   

I declare that I have not been struck off or had to cease the practice of herbal medicine for any legal reason nor am I currently involved in such process.  
**Please tick to accept:**   

I confirm that the above information is true and correct and authorise the IRH to make the necessary reference checks in connection with this application. I have read and understood the IRH Code of Conduct and Ethics and agree to abide by the code.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*\* If you are **applying for Full Membership for the first time** then please provide in support of the application: C.V. (relevant), copy of relevant certificates, 1 professional reference and fee. If you **have been a member before** and we have your info on record then please send your completed application form, copy of insurance certificate, C.P.D for the previous year (minimum 100 points) and fee. Please send any updated information. Please make cheques payable to the “Irish Register of Herbalists” and send to:*

**Please send application to: Claire Gardiner, IRH, 48 Blessington Street, Dublin 7.**