



# Therapist Registration Application Form

**The objective of Registration is  
“to maintain a consistently high standard of care delivered by Iris Registered Therapists.”**

## **BENEFITS**

1. **Registered Therapists** may use the Iris Logo in their marketing literature and on their website as a badge of quality for as long as they remain registered with Iris and within the conditions of the Registered Therapist Code of Conduct.
2. **Registered Therapists** are eligible to be paid to deliver service on behalf of Iris or volunteer on behalf of Iris.
3. **Registered Therapists** details are entered in a Register on the Iris website for anyone seeking a therapist who can provide massage for someone living with cancer.
4. **Registered Therapists** can receive a copy of the regular Iris newsletter.
5. **Patients** can find therapists via our Register who have not only trained with Iris but who continue to meet the Charity's standards of care.

## **MINIMUM ENTRY CRITERIA**

Therapists must have successfully completed the Iris Cancer Partnership curriculum Level 1, including submission of Reflective Papers.

## **EXEMPTIONS**

Completion of Level 1 of the Iris curriculum gives automatic and free Registration for the following 1 year.

Completion of Level 2 of the Iris curriculum gives automatic and free registration for the following 2 years.

Paperwork for Parts 1 and 2 only (see below) need to be submitted at the beginning of each of these years.

## **FEE**

The annual fee for Registration is £10, excluding exemption years.

## **PART 1 – COPY OF CURRENT PAPERWORK**

For all registration the following is required.

- Copy of current Insurance
- Copy of current First Aid Certificate
- Copy of current Membership of a Professional Body

If your paperwork expires during your registration period we will require you to send updates.

## **PART 2 – SIGNED CODE OF CONDUCT FOR REGISTERED THERAPISTS**

Read and sign the enclosed Iris Registered Therapist Code of Conduct. This needs to be completed every time you register.

## **PART 3 – EVIDENCE OF COMPLETION OF CPD CRITERIA (except if exempted as defined above)**

Provide evidence for either 1 Full CPD Credit or 2 Partial CPD Credits as described in the table in the Registration Criteria.

## **PART 4 – COMPLETE THE AVAILABILITY SURVEY (optional)**

This survey helps us to understand your availability if you would like to be considered for Iris Service Provision – paid or volunteer.

## **CONTACT US**

If you have any questions or require any further information about Iris Cancer Partnership Registration for Therapists, please contact our Registration Leader at [register@iriscancerpartnership.org.uk](mailto:register@iriscancerpartnership.org.uk) or by post to:

Iris Cancer Partnership, Therapist Registration, 27 Craigs Avenue, Edinburgh EH12 8HS

## REGISTRATION APPLICATION DETAILS

|  |            |  |           |
|--|------------|--|-----------|
| <b>Applicant Title:</b><br>(Mr, Mrs, Miss, Ms, Dr, etc)  |            | <b>Applicant Full Name:</b>            |           |
| <b>Registration No.:</b><br>(except 1 <sup>st</sup> year of reg'n)   |            | <b>Date of Expiry of Registration:</b> |           |
| <b>Please send me a copy of the Iris Newsletter</b>  | <b>Yes</b> |  | <b>No</b> |
| <b>I enclose a cheque/PO made payable to "Iris Cancer Partnership" for £10 (if applicable)</b>                       |            |  |           |
| For renewals, please submit your application <b>at least 1 month before</b> the expiry of your current registration. |            |  |           |

### PLEASE CONFIRM HOW YOU WOULD LIKE YOUR DETAILS TO APPEAR ON THE IRIS REGISTER:

(leave BLANK any details you do NOT wish to be included on the Register)

|  |  |                             |
|--|--|-----------------------------|
| Please tick if you are happy to have your <b>details to be included on the Iris List of Registered Therapists</b> which is published on the Iris website and also periodically in hard copy for use by other cancer organisations. |  |                             |
| <b>Home Phone Number:</b>  |  | <b>Mobile Phone Number:</b> |
| <b>Town:</b><br>(e.g. Edinburgh)   |  |                             |
| <b>Area:</b><br>(e.g. Liberton)  |  |                             |
| <b>Postal Code:</b><br>(first 3 characters)  |  |                             |
| <b>E-mail Address:</b>   |  |                             |
| <b>Website Address:</b>  |  |                             |

### QUICK CHECKLIST BEFORE YOU SEND:

|   |  |                              |  |
|---|--|------------------------------|--|
| I have included a copy of my Membership of a Professional Body: |  | Expiry Date is (yyyy-mm-dd): |  |
| I have included a copy of my current Insurance:                 |  | Expiry Date is (yyyy-mm-dd): |  |
| I have included a copy of my current First Aid Certificate:     |  | Expiry Date is (yyyy-mm-dd): |  |

|  |  |  |  |
|--|--|--|--|
| I have included a copy of this Registration Form:                            |  | I have included my Registration Fee (if appropriate):  |  |
| I have confirmed how I would like my details to appear on the Iris Register: |  | I have read a copy of the "Code of Conduct" for Iris Registered Therapists.  |  |
| I have included evidence of completion of appropriate Registration Criteria. |  | I enclose a passport photo or attach a photo in a computer file (e.g. jpeg) for my registration card and photo id badge. |  |
| I have included a completed Availability Survey.                             |  |  |  |

**I have read and agree to abide by the Iris Cancer Partnership Code of Conduct that applies to Registered Therapists.**

**Signature:**

**Date:**

*For Official Use Only*      *Signature of Named Sponsor:*

*Date:*