



FOUNDATION FOR SACRED PLANT MEDICINE

FULL MEMBER APPLICATION FORM

HEALING PRACTITIONER

Please complete in block capitals and return with all necessary documents and payment (see payment options below). Your application can take up to 28 days to process, longer if returned incomplete.

Membership runs from 1st November - 31st October each year. The cost for one year Full Membership is currently €60. (Note: If you join between July and October membership lasts until October of the following year.)

PERSONAL DETAILS

TITLE	
NAME	
ADDRESS	LANDLINE NO.
	MOBILE NO.
COUNTY	EMAIL
POSTCODE	WEBSITE
COUNTRY	

TRAINING/QUALIFICATION DETAILS

SCHOOL/TRAINING PROVIDER NAME & ADDRESS
DATES TO/FROM
QUALIFICATION (if applicable)
DATE OF CERTIFICATION (if applicable)

INSURANCE DETAILS (Healing Practitioner Members in Ireland & UK only)

Professional Indemnity Insurance is a requirement for Healing Practitioner Full Members working in Ireland and the UK. Insurance for Practitioners working in other countries is currently optional. If required, balens.co.uk can provide cover for SPM for residents of Ireland, UK, France, Spain, Greece, Cyprus, Gibraltar and The Netherlands.

INSURANCE COMPANY NAME & ADDRESS		
POLICY NUMBER		
VALID UNTIL		
Does the policy clearly state SPM is one of the therapies covered?	YES	NO

I understand that to be accepted as a Healing Practitioner Full Member (Ireland & UK members only) it is a requirement that I hold valid professional indemnity insurance at all times, and if I do not have adequate insurance at anytime during my FSPM membership then my FSPM membership becomes invalid. **Please tick**

FOUNDATION FOR SACRED PLANT MEDICINE REGISTER

Please list my contact details on the FSPM online register Yes NO

Only complete if the contact details you wish to have listed on the FSPM Register differs from your personal contact details above. Your details on the Register will be available to members of the public.

BUSINESS NAME
WORK ADDRESS
PHONE NUMBER
EMAIL/WEBSITE

I enclose **copies** of all necessary documents (qualification & insurance if applicable), contact details for 2 people who are willing to provide character references & I agree to undertake annual CPD (Continual Professional Development) as required by FSPM. **Please tick**

Note: You do not need to submit CPD information when first applying. A wide range of activities can count towards CPD and a log sheet will be forwarded to you at a later date. It is your responsibility to ensure you fulfil this requirement.

CHARACTER REFERENCES

Please provide name, address & contact details of 2 people the FSPM may contact:

TO BE COMPLETED & SIGNED BY ALL MEMBERS

I, the undersigned, apply to be a Full Member of the Foundation for Sacred Plant Medicine.

I confirm I have read the FSPM Constitution and the FSPM Code of Ethics and hereby agree to abide by these documents. **Please tick**

I understand membership is awarded at the discretion of the FSPM and that if I am ever in breach of the FSPM Constitution or the FSPM Code of Ethics then my membership may be revoked. **Please tick**

Have you ever been convicted of, or is prosecution pending for, a criminal offence in any country? **YES/NO**

Have you ever been, or are you currently, on the Sex Offenders Register in any country? **YES/NO**

If the answer is yes to either of the previous 2 questions please provide further information on a separate piece of paper and attach it to this application form, thank you.

I would like to be included on the FSPM mailing list and be kept up to date with any relevant events, training, news or activities relating to the work of the FSPM. **YES/NO**

I would like my contact details to be made available to Full and Associate Members so that I can be kept informed of regional meetings. **YES/NO**

You may have skills and experience that you would like to share and that would be of benefit to the work of the FSPM. We welcome assistance in areas such as administration, advertising, technical support, web design and many other areas. If you would be interested do let us know.

I would be interested in helping with the work of the FSPM on a voluntary basis. **YES/NO**

If yes, please provide information about the skills/experience you would like to share on a separate piece of paper, along with days/times of availability and attach to this application form.

I confirm all the information I have provided in this application is true and accurate. **Please tick**

SIGNED:

DATE:

FULL MEMBER DECLARATION

I (full name in capitals)

of

..... (full address in capitals)

do hereby apply for Full Membership of the Foundation for Sacred Plant Medicine. If elected, I will abide by the Constitution and faithfully adhere to the Foundations Code of Ethics, acting in alignment with the Core Values and in furtherance of the Foundations Aims & Objectives.

SIGNED:

DATE:

PLEASE TICK IF SIMULTANEOUSLY APPLYING FOR MEMBERSHIP IN ANOTHER CATEGORY:

PRIESTESS

PRIEST

MAKER/GROWER

PLEASE NOTE: If applying within more than one category, the annual membership fee is only payable once.

APPLICATION CHECKLIST

Please tick each that applies & ensure they are enclosed with your application form as missing items will delay your application.

Completed application form	Qualification Certificate (hard copy only, please do not send original)	Insurance Certificate (hard copy only, please do not send original)
Payment (cheque/online payment request) no cash	2 Character References	Any necessary additional attachments

PAYMENT OPTIONS: If you wish to pay via online banking/PayPal, a link with payment details will be sent to you once your membership is validated. Alternatively, Euro cheque (Irish banks only) made payable for €60 to the Foundation for Sacred Plant Medicine can be sent with your application and won't be cashed until membership has been validated. Once application has been approved, and if paying by PayPal you can set up automatic renewal, annual membership renewal date is October 31st.

RETURN MEMBERSHIP APPLICATIONS BY POST OR EMAIL TO MEMBERSHIP SECRETARY AS FOLLOWS:

Marina Levitina, Corracloon More, Flagmount, Co. Clare

Or, by email (or a photo of each page of the fully filled out and signed application form, and copies of all supporting documents) to:

FoundationSacredPlantMedicine@gmail.com

OFFICE USE ONLY

Date Received

Application Form fully completed & all necessary documents enclosed YES/NO
(if not please comment)

Payment received Type Date lodged/paid

References (please attach to file, with any necessary comments below)

Necessary to pass to Accreditation Team YES/NO
(if yes, please enter date forwarded & any necessary comments)

Membership granted YES/NO
(if no, please explain what steps may need to be taken by the applicant in order to be reconsidered for membership, or any additional comments on reasons & whether any additional information required)

Authorised By

Membership Number

Date confirmation sent to member