SEA UK
Somatic Experiencing Association UK

APPLICATION FOR LISTING ON THE PRACTITIONER REGISTRY
1st June 2011 to 31st May 2012

NAME:			
HOME ADDRESS: **POSTCODE:**		**PRACTICE ADDRESS:** **POSTCODE:**	
PHONE:	**MOBILE:**	**PHONE:**	**MOBILE:**
E-MAIL:		**E-MAIL:**	
Qualifications/training/clinical experience (100 characters max; one character per box)**:**			

SE LEVEL: (Please tick) ☐ **Advanced Trainee** ☐ **Graduate Trainee** ☐ **SEP**

Supporting documents enclosed (please tick. Those underlined are mandatory for Registry listing):

- ☐ **SEA UK Membership form**
- ☐ **Medical Malpractice & Public/Products Liability Insurance Certificate, (currently valid, specifying Somatic Experiencing® as a specified modality)**
- ☐ **Intermediate Module I/II/III attendance certificate**
- ☐ **Advanced Module I/II/III attendance certificate or receipt of deposit for Advanced Module I**
- ☐ **SEP certificate**

Practitioner Registry fee (Please tick):

- ☐ **Annual (1 June – 31 May)**
- ☐ **Second Half (1 December – 31 May)**

I confirm that the above details are correct and will notify SEA UK of any changes to this.

As a listed practitioner in the SEA UK Practitioner Registry, I agree to maintain a current and valid certificate of Medical Malpractice and Public/Products Liability Insurance, (MMPPLI) whilst included in the Registry. If at any time the period or details of cover of my MMPPLI change, I commit to promptly notifying SEA UK accordingly in writing, supported by a copy of the updated certificate.

I confirm I have transferred the sum of £ _____ to:
Bank Sort Code: 090127 Account No: 74512032 identified with my name.

Signed: **Date:**

Please send the completed form with copies of supporting documents:

- **by post to: SEA UK, c/o: Kent Fyrth, Askrigg, Leckwith Road, Llandough, Penarth, Vale of Glamorgan, CF64 2LY; or**
- **by email to: registration@seauk.org.uk**