



Irish Reflexologists' Institute Limited

**Student Membership Application Form
2018**

PERSONAL DETAILS	
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Title:	Member Number:
First Name:	Surname:
Address:	
County:	Post Code (if applicable):
Landline Phone:	Mobile:
Email:	Website:
Date of Birth:	

School/Training DETAILS	
Name of training School	
Awarding Body	
Course start date:	
Exam date if known:	

Case Study Insurance (if applicable?)	
Name and contact details of Insurance Company:	
Policy No.	Period of cover:
Does your policy state that Reflexology is one of the therapies covered? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CHECK LIST		
Return the following to: IRIL, Tara House, 1. Preston Place, 38 Trimgate Street, Navan. Co.Meath		
Completed Application Form <input type="checkbox"/>	Payment <input type="checkbox"/>	Insurance <input type="checkbox"/>

Membership Declaration	
I, the undersigned, hereby apply to be a Student member of the Irish Reflexologists' Institute Limited. I agree to be bound by the Irish Reflexologists' Institute Limited Code of Ethics and Practice. I grant permission for my information to be held on computer and agree for this to be used for IRIL related activities.	
Have you ever been convicted of, or is prosecution pending for, a criminal offence? NO / YES , please give details.....	
Have you ever been or are you currently on the Sex Offenders Register? NO / YES , please give details.....	
I declare that all information supplied is true & accurate. If this is found not to be the case, members can be suspended or expelled from the institute at the board discretion.	
SIGNED:	DATE:

The Irish Reflexologists Institute Limited is registered in Ireland No. 443040. Registered Office: IRIL Tara House, 1. Preston Place, 38 Trimgate Street, Navan, Co.Meath. 085 2153475. Company Limited by Guarantee.

Please Return to:
Administrator, Irish Reflexology Institute Ltd., Tara House, 1. Preston Place, 38 Trimgate Street, Navan, Co.Meath