



**Full Membership** application form  
(FOR MEDICAL DOCTORS, DENTISTS AND VETS)

**Personal Details:**

Surname: ..... Forename: .....

Title (Mr, Ms, Dr, Prof): ..... Sex: Male  Female

Date of Birth: .....

Address: ..... E-mail: .....

..... Home Telephone: .....

..... Fax: .....

**Work Details:**

Business Address: .....

.....

Business Telephone: ..... Business Fax: .....

Current Employment Status: NHS  Employed  Private  Self-Employed

**Private**

How do you work? What private integrated medicine service do you offer? .....

.....

.....

.....

**NHS**

What is your position? .....

What integrated medicine service do you offer in the NHS? .....

.....

.....

For **Full Membership** please complete the following:

**Please give details of your professional qualifications** (conventional, complementary and alternative)  
Qualification & Awarding Institution Date Awarded

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Qualification & Awarding Institution

Date Awarded

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.....

**Please give details of your UK & international professional memberships**

Membership body

Membership number

Date of registration

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.....  
.....  
.....

**Insurance**

Please give details of your insuring body: .....

What is your insurance reference number? .....

**IM expertise**

What is your area of IM expertise?

**Please indicate your areas of specialisation**

- |                    |                          |              |                          |                 |                          |                              |
|--------------------|--------------------------|--------------|--------------------------|-----------------|--------------------------|------------------------------|
| Acupuncture        | <input type="checkbox"/> | Dentistry    | <input type="checkbox"/> | Energy Medicine | <input type="checkbox"/> | Please state speciality..... |
| Environmental Med  | <input type="checkbox"/> | Hypnotherapy | <input type="checkbox"/> | Healing         | <input type="checkbox"/> |                              |
| Herbal Medicine    | <input type="checkbox"/> | Homeopathy   | <input type="checkbox"/> | Prevention      | <input type="checkbox"/> |                              |
| Mind/Body Medicine | <input type="checkbox"/> | Nutrition    | <input type="checkbox"/> | Osteopathy      | <input type="checkbox"/> |                              |
| Psychotherapy      | <input type="checkbox"/> | Counselling  | <input type="checkbox"/> | Shiatsu         | <input type="checkbox"/> |                              |

Any Others: .....

**Please indicate your clinical interests**

- |                     |                          |                         |                          |                       |                          |
|---------------------|--------------------------|-------------------------|--------------------------|-----------------------|--------------------------|
| Allergies           | <input type="checkbox"/> | Cancer                  | <input type="checkbox"/> | Cardiovascular Health | <input type="checkbox"/> |
| Care of the Elderly | <input type="checkbox"/> | Child Health            | <input type="checkbox"/> | Chronic Fatigue       | <input type="checkbox"/> |
| Digestive Health    | <input type="checkbox"/> | Diagnostics             | <input type="checkbox"/> | Women's Health        | <input type="checkbox"/> |
| Mental Health       | <input type="checkbox"/> | Musculo-skeletal health | <input type="checkbox"/> | Pain Management       | <input type="checkbox"/> |
| Public Health       | <input type="checkbox"/> | Sexual Health           | <input type="checkbox"/> | Skin Health           | <input type="checkbox"/> |
| Sports Medicine     | <input type="checkbox"/> | Respiratory health      | <input type="checkbox"/> | Weight Management     | <input type="checkbox"/> |

Any Others: .....

**Please indicate your research interests and experience**

Are you currently involved in Integrated Medicine or CAM research?

What are your research interests?

Have you published any IM or CAM research? Yes  No

If so what?

Do you have papers that you would like to submit for consideration for printing (or reprinting) in a future BSIM journal?

**Please indicate your writing experience**

Have you written on the subject of IM? Yes  No

If so, what?

Would you like to write articles for the BSIM journal? Yes  No

If so, on what subject?

Would you like to become part of the BSIM journal committee?

**5 Please indicate your teaching experience**

Do you teach IM? Yes  No

If so what do you teach?

In what context do you teach?

Do you teach for your training school or college in your own specialist IM area?

Would you like to become part of a BSIM teaching panel?

**Do you have specialised teaching interests in the areas of:**

- |                         |                          |  |                          |
|-------------------------|--------------------------|--|--------------------------|
| History of medicine     | <input type="checkbox"/> | Philosophy and models of integrated medicine | <input type="checkbox"/> |
| Cross-cultural medicine | <input type="checkbox"/> | Mind-body influences on health               | <input type="checkbox"/> |
| Self-help               | <input type="checkbox"/> | Motivation & Personal Development            | <input type="checkbox"/> |
| Spirituality            | <input type="checkbox"/> | Audit & clinical governance                  | <input type="checkbox"/> |
| Research methodology    | <input type="checkbox"/> | Education, Training & Lecturing              | <input type="checkbox"/> |
| Journalism              | <input type="checkbox"/> | Politics of IM                               | <input type="checkbox"/> |

Any Others: .....

**6 Please indicate your openness to consultation possibilities**

Would you mind members of the press being referred to you for expert opinions? (Please tick)

Yes  No

In which areas do you feel that you can give an 'expert' opinion?

**Please indicate the level of involvement you would like to have with BSIM**

Would you like to contribute to the success of the BSIM by contributing in one or more of the following areas:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Helping with our education and training programme? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Helping with the development of the BSIM Journal?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Helping with BSIM administration and newsletter?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Helping with fund raising and BSIM promotion?      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Would you like to be on a public register of integrated medical doctors?      Yes     No

Is there anything else that you feel that BSIM should be doing over and above our stated aims?

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**Payment Details**

The fee for full membership is £80 per annum.

**Checklist**

- Completed Application Form
- Cheque for £80 payable to: British Society of Integrated Medicine
- Credit card payment details : Amount £ .....
- Card Type .....      Card No .....
- Expiry Date .....      Issue No. (Switch) .....
  
- Signature .....      Date .....

Please send to: Membership Secretary, The British Society of Integrated Medicine, c/o The Dove Clinic for Integrated Medicine, Hockley Mill Stables, Church Lane, Twyford, Winchester, Hampshire SO21 1NT.

**Thank you very much for becoming a member of BSIM**