



Application for Registration on the SCC Pathway

I like to be addressed as Miss/Mrs/Mr/Ms/Dr First Name _____

Surname _____

Address _____

Telephone (business) _____ (home) _____

(mobile) _____ E-mail : _____

School of Graduation _____ Year of graduation _____

GOsC Registration number _____

Details of previous courses and experience will be relevant to your place of entry on the Pathway

Please complete the following section carefully – all applicants

A. Courses

Please supply comprehensive details of courses undertaken (with dates).
Enclose certificates of completion for all non-SCC courses.
(Use additional sheet if necessary)

FOR OFFICE USE ONLY

SCC ID Number

□

Registration fee paid

□

Annual Subscription paid

□

Committee Recommendations

□

B. Clinical Experience

Please give details of your clinical experience and say for how long you have been using this approach

C. Study Groups

In this section you should say which study groups you have attended giving dates where possible

D. Informal tuition and other relevant experience

THE SCC WILL ACKNOWLEDGE RECEIPT OF YOUR APPLICATION AND CONFIRM YOUR ENTRY LEVEL

Please enclose your registration fee of £50.00 with this application and your first annual subscription of £38.00. Subscriptions are due 30th September annually. Please contact the Course Office if you would like to set up a standing order of £35.00 a month.

Please note that the annual subscription fee (due every September 30th) covers the cost of newsletters, tutorial support and administration.

I would like to apply for registration on the SCC Pathway

Signature.....

Date.....