



BRCP Application Form for Senior Practitioner

Please PRINT clearly in BLOCK CAPITALS

The ICNM welcomes applications from current BRCP practitioner members who meet with certain criteria, to become Senior Practitioner members on the BRCP. As you would expect, in awarding Senior Practitioner status, the ICNM must satisfy itself that those who are recognised at this level are of a high calibre. That is why the ICNM requires evidence of quality practice as set out in this application form.

Please complete all questions

Name

BRCP membership number

Home Address

Post code

Email

ICNM criteria for Senior practitioner status

	Yes/No	For official use
Have you had 5 years continuous practice in your field?		
Have you carried out 5 years of exemplary practice (i.e., have no malpractice or blemish against your professional practice)?		
Can you give examples of quality Continuous Professional Development (CPD) (i.e., research work, mentorship, providing clinical supervision, writing courses/papers, and teaching/training in your discipline)?		

Signature of Applicant:

Date:

Signature of ICNM Registrar:

Date:

Co-signed by ICNM Administration Officer:

Date:

As a Senior Practitioner on the BRCP, would you consider the following? (entirely voluntary)

Role	Yes/No	For official use
Becoming an ICNM advisor		
Becoming an ICNM moderator for their discipline		
Offer and/or provide CPD modules through the ICNM		
Become a spokesperson on your discipline for the ICNM		

