

# **Scottish Chiropractic Association**

## **Application for Membership**

We thank you for your interest in joining the foremost organisation representing chiropractic in Scotland. The aims of the SCA are fully laid out in our Articles of Association

### **Why the Scottish Chiropractic Association?**

The SCA has been the foremost chiropractic organisation in Scotland for 30 years. Today, many members work beyond the Scottish borders, choosing the SCA for their inclusive and holistic chiropractic philosophy, lower insurance fees, and many member benefits.

As the Association continues to grow and adapt to the changing chiropractic environment in the U.K., membership with the SCA is more attractive than ever before.

### **Benefits of Membership**

Membership to the Scottish Chiropractic Association carries many privileges, which include:

- ✓ The right to publicise yourself as a member of the Association regulated by the SCA's Standard of Practice and Code of Ethic
- ✓ Associating with like-minded chiropractors with a broad based holistic scope of practice, from both within and outside Scotland.
- ✓ The right to display the SCA logo on your clinic material.
- ✓ Free advertisement of your clinic details on the SCA website, which is currently being newly developed to high standard.
- ✓ Eligibility for reduced fees for malpractice insurance through the SCA's provider.
- ✓ Receiving the SCA's printed newsletter throughout the year featuring articles, information, and reference material.
- ✓ Regular SCA e-bulletins giving you updated and timely information on current and upcoming events, news and present issues.
- ✓ Six editions per year of 'The Chiropractic Report'.
- ✓ Subscription to JMPT (for Full and Associate members; Retired and Student members may receive this for a small additional fee.)
- ✓ Regular bi-annual SCA meetings to discuss current issues and have your say in how the Association and the profession are run.
- ✓ Reduced rates for subscriptions to the "On Purpose" educational audio series.
- ✓ Block advertising scheme through Yellow Pages and Thomson Directories at reduced rates.
- ✓ Discount on seminars produced by the Scottish Chiropractic Association.
- ✓ Benefiting from the advertising generated by regular SCA press releases.
- ✓ The use of the SCA newsletter and e-bulletins for reduced rate classified ads.
- ✓ Advice on practice-related issues.
- ✓ Access to SCA-developed practice guidelines on many topics.
- ✓ Playing a part in the development of the chiropractic profession in the U.K.

## **Our Goals**

The Scottish Chiropractic Association aims to **enhance the chiropractic profession within and outside Scotland**, setting and maintaining high standards of professional practice for its members to ensure quality health care provision to patients they serve.

The SCA recognizes and **promotes SCA chiropractors** as highly trained professional and primary health care providers, with a natural approach to health and its contribution to overall individual wellbeing.

The SCA **represents its members** while maintaining dialogue with authorities in the areas of educational, legal and health institutions in order to positively influence the future of the chiropractic profession.

The Scottish Chiropractic Association **supports SCA chiropractors**, providing tools and resources to aid in the delivery of high-quality, professional health care, and to help with running a successful practice.

## **Membership categories**

**Full Membership** (£295) – This category is only available to those practicing in Scotland. A full member must have graduated from a recognised Chiropractic College and be General Chiropractic Council Registered.

**Associate Membership** (£295) – The requirements for this category are the same as a full member except the chiropractor must practice outside Scotland but within the UK.

**Overseas Membership** (£110) – practices outside the UK. (does not include JMPT subscription)

**Retired Member** (£70) – Applicants must provide letter of good standing from other associations if other than the SCA. (does not include JMPT subscription)

**Student Member** (£30) – must provide proof of enrolment in a full-time course of study at a recognised Chiropractic College (does not include JMPT subscription)

Please send your application to:

SCA  
Mrs Morag Cairns (Administrator)  
1 Chisholm Avenue  
Bishopton, Renfrewshire  
Scotland PA7 5LH  
V 0141 404 0260  
E [admin@sca-chiropractic.org](mailto:admin@sca-chiropractic.org)

### **What happens after I send in my application?**

The form and associated documents are verified by the secretary and forwarded to the executive for approval. Membership is granted and all new members are named and welcomed in the newsletter on the basis that there are no complaints received from the membership during our provisional period of six months.

### **How do I pay the membership fees?**

Membership fees are due by the 1<sup>st</sup> January each year. Therefore the cost of membership will be calculated on a pro-rata basis depending on which month of the year you join. Student, overseas and retired members must pay the full amount no matter what month they join.

January - £295	May - £207	September - £119
February - £273	June - £185	October -£97
March - £251	July -£163	November - £75
April -£229	August - £141	December- £53

### **How do I obtain insurance?**

Insurance is available to all members in the UK through the SCA group policy. We deal with Lockton Companies, who are underwritten by Royal & Sun Alliance. The cost for insurance is £698 per annum for 5 million cover. Insurance runs from 1<sup>st</sup> April to 31<sup>st</sup> March each year. If you join part way through the year you will be charged on a pro-rata scale (details on the insurance application form). Insurance is only granted once your completed application forms have been approved.

Please do not hesitate to contact the registered office if you have any questions about the application process.

Tel: 0141 404 0260

[admin@sca-chiropractic.org](mailto:admin@sca-chiropractic.org)

## Application Form

Please indicate in which category you are applying for:

Full                  Associate                  Overseas                  Student                  Retired

The information you provide will be used to compile the SCA register

Title	
First Name(s)	
Surname	
D.O.B.	
Nationality	
Clinic Name*	
Address	
Postcode	
Phone Number(s) - Clinic	
- Fax	
- Home	
- Mobile	
Email	
Website	
GCC Registration No.	

\* Please include details of other clinics as an appendix

How did you find out about the SCA? \_\_\_\_\_

Do you have Xray facilities? Yes / No

Do you have access for disabled clients? ie. ramp/stair lift Yes / No

Do you provide after hours / emergency care? Yes / No

### Details of Chiropractic / Other professional Qualifications

Institution	Course / Qualification	Graduation Year

What techniques do you use in your clinic: \_\_\_\_\_  
 \_\_\_\_\_

What adjunctive therapies do you use in your clinic:

Nutrition    Acupuncture    Naturopathy    Homeopathy    Psychology / Counselling  
 Massage    Other: \_\_\_\_\_

What areas of special interest do you have (if any)?

Sports Paediatrics Neurology Animal Other: \_\_\_\_\_

Have you ever been disciplined by professional association? Yes / No

If yes, please explain \_\_\_\_\_

Have you ever been disciplined, investigated or refused registration by a registration body?

Yes / No If yes, please explain \_\_\_\_\_

Have you had or are you aware of any malpractice claims against you? Yes / No

If yes, please explain \_\_\_\_\_

Have you ever been prosecuted or convicted by a criminal court? Yes / No

If yes, please explain \_\_\_\_\_

Are you currently registered with any National, State or other body (apart from the GCC)?

If yes, please specify: \_\_\_\_\_

Do you require insurance through the SCA? Yes / No

If yes, please complete the enclosed form.

*I agree to abide by the Code of Ethics of the SCA and to observe all rules and regulations within the Memorandum and Articles.*

*I agree to uphold the principles of the Association and assist in all ways to accomplish its objectives.*

*I hereby agree that all information given in this application is true and correct and enclose the appropriate payment.*

\_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

To pay your membership by credit/debit card, please complete below:

Card Number:.....

Name on Card:.....

Expiry Date:.....

A receipt will be issued once your payment is processed and your card details will be destroyed.