

The British Health Qigong Association Instructor Insurance Form

BHQA Qualified Instructors Only

It is very important that you carefully read all of this Statement.

Your policy is based on the information you have provided to us, as shown in the Details below, and on the terms set out in the insurance policy.

This Statement of Fact, together with the Details below and any other information provided by you or on your behalf before the commencement date of this policy, is incorporated in and forms the basis of your insurance policy and we have relied on this information in offering this policy to you on its current terms.

WARNING - If any of this information is incorrect you must contact us immediately to ensure that we pass that information on to the underwriters. We reserve the right in accordance with the terms of your policy to amend the Premium and/or terms and conditions or cancel your policy if there is a material inaccuracy in this information.

If you fail to advise us that the information is inaccurate, we may avoid the cover, with the result that you would not have insurance for any Claims during the period. If you are in any doubt whether a fact is material, you should disclose it.

Details

Full Name :	Date:	
Address :	Tel No:	
	Email:	
Effective date of Cover:	Policy Number:	Our Reference:
<i>Have you had any claims made against you or incidents that would give rise to a claim under this policy during the last 5 years as a result of any negligence or error or omission arising out of your business or are you aware of any circumstances that may result in any such claim being made against you?</i>		
<i>Has any company declined your proposal, cancelled or refused to renew your policy or required special terms or conditions?</i>		
<i>Have you ever been convicted of or charged/but not yet tried/with a criminal offence other than a motoring offence?</i>		
<i>Have you ever been declared Bankrupt or insolvent or been disqualified from being a company director</i>		
<i>Are you a member of any Professional Organisation</i>		
<i>Have you ever been subject to a disciplinary hearing or suspended from any Professional Organisation</i>		
Occupations for which cover required:		
A <i>Tai Chi Form work and Health Qi Gong exercises (including slow structured routines, Weapons forms</i>		
B <i>Tai Chi for Children</i>		
C <i>Specialist Tai Chi Remedial classes</i>		
P. <i>Other Activities/Therapies (please specify)</i>		
<u>Your Health Qigong, Tai Chi Teaching Credential</u>		
<i>Qualified BHQA Instructor?</i>		
<i>Qualified Tai Chi Instructor?</i>		
<i>Trained (or studied) with: In the event of a claim confirmation will be required</i>		
<i>Teaching qualification obtained with In the event of a claim evidence of your qualification will be required.</i>		
<i>Qualification recognized or accredited by In the event of a claim evidence will be required</i>		
<i>Have you had' Indemnity Insurance before? Is this current or recently lapsed?</i>		
<i>Was there a retroactive date specified on your old certificate?</i>		

Teaching Children only	
<i>What age ranges of children are you expecting to work with? Please give details of all known classes</i>	
<i>Are you potentially going to be left in sole charge of the children in your care?</i>	
<i>Have you previously consented to a Criminal Records check for either a standard or enhanced disclosure? (Formally known or referred to as a Police Check)</i>	
<u>Please specify which and confirm date of disclosure</u>	

<u>Your Therapist credentials</u>	
<i>Therapy/therapies practised</i>	
<i>Are you a qualified therapist?</i>	
<i>Are you a student therapist?</i>	
<i>Are you a tutor or trainer of other therapists?</i>	
<i>How long have you been practising as a therapist?</i>	
<i>Where is your Therapy work based? - e.g. Own Premises, Rented Rooms (Private), Medical or Healing Centre, Practice Surgery etc.</i>	
<i>How many Patients do you expect to work with? (weekly average)</i>	
<i>Have you undertaken any formal training?</i>	
<i>Who conducted this?</i>	
<i>What form did it take? I.e. No of Tutorial hours – Written Assessments – Case Studies – Practical/ Theoretical/ Professional breakdown etc.</i>	
<i>Are you still studying or undergoing further training as a Therapist? (Please give details)</i>	
<i>Do you attend seminars, workshops and / or In-Service training days, where appropriate, to keep up-to-date with Complementary Medicine practice?</i>	
<i>Registered Therapist with: In the event of a claim confirmation will be required</i>	
<i>Qualification obtained with In the event of a claim evidence of your qualification will be required.</i>	
<i>Qualification accredited by In the event of a claim evidence will be required</i>	
<i>Have you had Therapists' Indemnity Insurance before? Is this current or recently lapsed? Was there a retroactive date specified on your old certificate?</i>	

Please forward your completed form and cheque (made payable to British Health Qigong Associatio) to:

Membership Secretary
 BHQA
 8 Flamborough Way
 Coseley
 Wolverhampton WV14 9UD