



**PROFESSIONAL**  
**R E G I S T E R**  
FOR FOOT HEALTH CARE

# REGISTER JOINING FORM

PLEASE COMPLETE  
THE ENTIRETY OF THIS FORM

## REGISTER JOINING FORM

Please complete the entirety of this form

### Your Details

Title:

Full Name:

Address:

Post Code:

Contact Telephone Number(s):

Email Address:

Preferred Method of Contact:

Your Foot Health Care Related Qualification(s):

(Please include copies of certificates when returning this form)

Reason for Joining?

## Online Website Details

The following details can be added to the website register. First name and surname are listed as standard along with the register number.

Contact Telephone Number(s):

Email Address:

Website Address:

Qualification(s):

Services Provided: (i.e. Foot Health Care, nail reconstruction, nail bracing, specialist diabetic foot care, acupuncture, Medi-Pedi, Pedicures, nail painting/art, reflexology etc)

Area(s) Covered: (Please stipulate Villages, towns, Cities not post codes)

Please note that as the register is an online website register the information entered onto the website is at the request of the person wishing to join. The Professional Register for Foot Health Care (PRFHC) takes no responsibility for any information taken from the website and used for any purposes of malice i.e., including but not limited to scams or abusive messages/calls from anyone who may use the information provided on the live website. Any person registered with details on the website can request their information to be removed/reduced at anytime and the PRFHC will act upon the request within 48-72 hours' notice.

**ALONG WITH THIS FORM, PLEASE ENSURE YOU SUPPLY AN UPTO DATE COPY OF YOUR INSURANCE POLICY AND QUALIFICATIONS.**

The PRFHC reserves the right to refuse any person who the PRFHC deems unsuitable for registration.

Please return this register application form to [join@foothealthcareregister.co.uk](mailto:join@foothealthcareregister.co.uk)