



European Academy of Chiropractic

Application Form - Fellowship

Please attach
passport size
photograph
here

Please complete and return the application to:

Admin Secretary info@chiropractic-ecu.org

A non-refundable fee of 30€ will be levied for each application

APPLICANT INFORMATION TO BECOME A FELLOW OF THE EUROPEAN ACADEMY OF CHIROPRACTIC		
Surname:		First Name:
Qualifications:		
Address:		
City:	Country:	Post Code:
Email:		
My clinic web address:		
Telephone:		
National Chiropractic Association:		
Graduating Institution:		Year:
Years in practice:	Country of residence/practice:	
I am a member of the ECU. Please tick <input type="checkbox"/>		
Please check the areas that you are interested in:-		
<input type="checkbox"/> Clinical Chiropractic	<input type="checkbox"/> Chiropractic Educationalists	
<input type="checkbox"/> Sports Chiropractic	<input type="checkbox"/> Researchers	
<input type="checkbox"/> Orthopaedics	<input type="checkbox"/> Chiropractic Educationalists	
<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Neurology	
<input type="checkbox"/> Diagnostic Imaging	<input type="checkbox"/> Veterinarian Chiropractic	

Applicants may be contacted periodically in their area of interest. Please tick the box if you would prefer **NOT** to be contacted.

Please complete the information below in order that we may fairly process your application.
Use separate sheet/s where necessary and attach to main application form.

PROFESSIONAL INFORMATION
Please give dates and positions held in Chiropractic Committees/Councils/Executives
ACADEMIC INFORMATION
Please list all Chiropractic qualifications and years of qualifying (MSc, MPhil or PhD)
PLEASE ATTACH CERTIFICATE TO SHOW QUALIFICATION

Applicants Name:
RESEARCH INFORMATION
Please list all published papers or research in the last 7 years. Continue on another sheet if necessary.
Peer reviewed
Non Peer Reviewed
TEACHING/LECTURING INFORMATION
Please list teaching or lecturing positions in recognised chiropractic institutions, lecture/trainer in chiropractic seminars/conferences, training positions within the profession and dates.
DECLARATION
Have you ever had a disciplinary charge against you from your National Association/Regulatory Body/Academic Institution? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please explain on a separate sheet.
I confirm that the above information is correct on the date of signing and agree to abide by the constitution and bylaws of the European Academy of Chiropractic
Signed _____ Date: _____

Please send the completed form plus copies of certificates to info@chiropractic-ecu.org