

BMAS Regional Group Meeting – Participant Form

Meeting of BMAS Regional Group in.....

Date.....

Name.....

Membership Organisation (e.g. BMAS, AACP).....

Current email address.....

In order to participate in practical sessions, each individual will need to:

1. Hold their own **indemnity insurance for acupuncture** - which allows them to perform acupuncture in various settings, and NOT ONLY at their place of work
2. BMAS requires that your **antibody levels against Hepatitis B** are – *or have been at any time in the past* – more than 100IU/L, to guarantee immunity, in order for you, and other participants, to be as well protected as possible during the practical needling sessions. (If you are a non-seroconverter (>10mIU/ml HBsAB), please discuss directly with Regional Group Leader)

I declare **I fulfil the above criteria and can participate** in the practical session at this Regional Group Meeting.

Signed:..... Date:.....

OR

I declare **I will not participate** in any practical part of this Regional Group Meeting.

Signed:..... Date:.....