

CIF: RO51303742

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Sediu: Calea Martirilor 1989 nr. 42, sc. B, et. 1, ap. 8, Timișoara, jud. Timiș

Tel: +39 351 94 84 954, E-mail: info@iroassociation.com

APPLICATION FOR ENROLLMENT IN THE INTERNATIONAL REGISTER OF OSTEOPATHS

Dear President,

The undersigned (name and surname):

identified with I.D.:

citizenship:

Hereby requests enrollment in the International Register of Osteopaths (IRO).

I. Contact details:

Residence address:

Street

no.

City

ZIP Code

Phone number:

E-mail:

II. Information on professional practice:

I practice the profession of

Professional qualification (diploma or university degree):

in the capacity of:

☐ employee in the public system

☐ employee in the private system

☐ volunteer

☐ holder of an independent professional organization

III. Declaration of unworthiness/incompatibility

I hereby declare under my own responsibility that I am not in any of the cases of unworthiness or incompatibility provided for in the internal regulations of IRO.

IV. I attach to this application the following documents:

☐ Educational documents attesting to professional training (degree diploma or certificate of graduation), copy;

☐ Identity document, copy;

☐ Proof of payment of the registration fee and the annual membership fee.

V. Information on the processing of personal data

The undersigned declares to have read the Information Notice regarding the processing of personal data by IRO and acknowledges the conditions for exercising their rights.

The Information Notice is available on the official IRO website (www.iroassociation.com).

VI. Declaration under own responsibility

I hereby declare, being aware of the provisions of art. 326 of the Penal Code concerning false statements, that the information provided in this application and the attached documents correspond to reality.

Date:

Signature:

(Name and surname)