

# Insurance information for natural therapists students

## Are you covered for practicing outside of study?

Do you conduct additional natural therapies work outside your course requirements? If so, even if you don't charge, you may need to purchase public liability and professional risks insurance.

You are covered by your college/school for practical work you carry out as part of your course, even if it's out of school hours or off campus. However, this does not NOT apply if you also practice outside of your course requirements.

If you are conducting additional work outside your course requirements you will need to consider purchasing your own cover.

This offer is only available to students whose college or school is covered through OAMPS Insurance Brokers and is subject to a very important condition.

The cover will only apply in respect to modalities in which you have been trained and are accredited to practice by the college/school.

### About the Cover

Combined Liability (i.e. Public Liability and Professional Risks) is available to you to protect yourself against claims from third parties for injury or damage to property.

The policy will protect you when you are carrying out modalities for which you have been trained and are authorised to practice by your college/school.

There are two different levels of cover:

**Level 1:** Students carrying out additional practical work but NOT charging their clients.

**Level 2:** Students carrying out additional practical work and charging their clients.

### Cost per Annum

Level	Limit of Indemnity	Premium
Level 1 (not charging)	\$1 million	\$127.00
	\$2 million	\$170.00
Level 2 (charging)	\$1 million	\$185.00
	\$2 million	\$253.00

To arrange cover simply complete and return the following application form to the specialty natural therapists' division of OAMPS Insurance Brokers (contact details over).



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Complete and return this form by post to Natural Therapists' Unit PO Box 852, EAST MELBOURNE VIC 3002 or fax 1800 000 472. For queries please free-call 1800 222 012.

Name of school/college at which you study:			
Date from which you require insurance to commence:	(Note: cover is current until 4pm for one year from the commencement date)		
Full name of student:			
Qualification being studied for:			
Modalities being studied:			
Address:			
Mailing address:			
Phone: (W) _____ (H) _____ (M) _____			
Email:			
After full enquiry are you aware of any claim having been made against the practice or any of the principals, partners and/or Directors past or present?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (please attach details)	
After full enquiry are you aware of any circumstances which could give rise to a claim being made against you in the future?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (please attach details)	
Have you ever had any insurance declined or cancelled, or had your policy renewal refused, special conditions imposed, excess imposed or claim rejected?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (please attach details)	
What limit of indemnity do you require (tick one)?	<input type="checkbox"/> \$ 1 million	<input type="checkbox"/> \$ 2 million	
What level of cover do you require (tick one)?	<input type="checkbox"/> Level 1 (not charging)	<input type="checkbox"/> Level 2 (charging)	
<b>Student declaration:</b>			
I acknowledge, being a student of the said organisation, that if the proposal is accepted, the insurance cover will be subject to the terms and conditions as set out in the policy wording. I declare that the information contained in the proposal form is true and correct in every particular and acknowledge that VERO INSURANCE LIMITED will rely on this information in deciding whether to give cover, and what terms.			
Signature of Student:		Date:	

