



**The Society of Homeopaths**  
*representing professional homeopaths*

## **Education Department**

### **TRANSFER FORM**

#### ***For student transfer between courses involved in the Society of Homeopaths' recognition procedures***

The Education Department wishes to support course providers in facilitating a workable transfer process. Our current rôle in this process is to devise common procedures, to encourage students and course providers to follow them, and to revise them if problems become obvious in practice. The whole process supports professional integrity and mutual respect between course providers and serves as a model in good practice for students.

**This form aims to ensure clear transfer procedures.**

All three parties to a transfer are required to complete sections:

- *the student*
- *the originating course provider*
- *the receiving course provider*

#### **CONDITIONS FOR TRANSFER**

It is essential that:

1. the **student** has paid all outstanding fees;
2. the **student** has completed all work required by the originating course provider to date;
3. the **originating course provider** makes available full assessment and progression records;
4. the **originating course provider** reveals any reservations about the student continuing their studies at this level;
5. the **receiving course provider** ensures satisfaction of all entry criteria for the relevant year of their course.
6. All parties comply with this agreed transfer procedure by forwarding the relevant completed sections of this form to:

*The Society of Homeopaths Education Office  
Room DS014  
Dartington Space  
Dartington Hall  
Totnes  
Devon TQ0 6EN  
or  
georgie\_freemantle@homeopathy-soh.org*

#### **THE STUDENT**

1. Complete Section A as soon as possible after you make your decision.
2. Send your completed Section A to the Society's Education Office at Totnes. We suggest you copy your section first for your own records, and send the form by the Royal Mail's Recorded (signed for) service, hand deliver or e-mail it.
3. Please provide further copies of Section A to your originating Course Provider and your receiving Course Provider.

## **THE ORIGINATING COURSE PROVIDER**

1. Once you know that a student has decided to leave your course, complete Section B as soon as possible from your records and knowledge of the student.
2. If you have any reservations about the student continuing their studies towards a professional qualification, it is assumed you will have discussed these with the student already. Record your reservations on this form.
3. Attach to the form any relevant records concerning the student's attendance, completion, and assessment (in the case of university courses, the student's transcript).
4. Photocopy the completed sections of the form and retain these for your records.
5. Send your completed Section B and any attachments to the Society's Education Office at Totnes by the Royal Mail's Recorded (Signed for) service or by e-mail.
6. Please provide another copy of Section B and attachments to the receiving Course Provider.

## **THE RECEIVING COURSE PROVIDER**

1. Once the student confirms their intention to join your course, you can initiate the transfer procedure by requesting relevant information from the student and the originating course provider. They will be able to send you completed copies of the relevant sections of the form.
2. *It is important that you inform the Society of Homeopaths' Education Office as soon as you accept a student who has transferred from another recognised course, even if paperwork still needs to be finalised.*
3. Evaluate, from the information received, whether the student has demonstrably fulfilled equivalent relevant learning outcomes/year entry criteria as your existing students.
4. Discuss with the student any areas which are not demonstrably fulfilled according to the information provided by the originating course provider. Enable the student to demonstrate their fulfilment through other means where appropriate.
5. If, after such discussions, there are learning outcomes/year entry criteria which have not been fulfilled, establish, where possible, ways in which the student could fulfil the requirements before or soon after the commencement of the relevant year. This may entail private study followed by assessment, or attendance at provision organised by you, or such other means as you may devise.
6. If such "supplementary" work is not possible, you may wish to consider admitting the student to an earlier year of the course than that originally applied for.
7. When you have established your procedures for accepting the student, or decide to reject their application, please attach the relevant paperwork to Section C of this form
8. Keep the completed original form for your own records and send the copy of your completed Section C and any attachments to the Society of Homeopaths' Education Department by the Royal Mail's Recorded (Signed for) service\* or by e-mail.

## **THE SOCIETY OF HOMEOPATHS' EDUCATION DEPARTMENT**

Upon receipt of the completed sections of the form and attachments, we will, within two weeks,

- check that all sections have been appropriately completed
- ensure that the conditions for transfer have been met
- contact the relevant party/ies to clarify any discrepancies

write to all three parties stating our acknowledgement of the transfer.

*\*The Royal Mail's Recorded (signed for) service enables you to check when the form was received and signed for, via the Royal Mail website or by phone.*

**SECTION A - to be completed by the STUDENT**

**1. Personal details**

Name.....

Address.....

.....

Tel no.....

E-Mail/FCM Address:.....

**2. Current/past course**

Title of course and course provider from which you are transferring (*please indicate if full-time or part-time*)

.....

How many years have you completed? 1 2 3 4 (*please ring as appropriate*)

Do you have any work outstanding? YES/NO

If YES, please specify and state intentions.

.....

.....

Are any fees outstanding? YES/NO

If YES, state arrangements.

.....

**3. Intended future course**

Title of course and course provider to which you wish to transfer  
(*please indicate if full-time or part-time*)

.....

Person to whom any information should be sent:

.....

Year into which you are seeking admission 1 2 3 4 (*please ring as appropriate*)

**4. Reason(s) for transfer**

Please outline the main reasons for transferring.

.....

I confirm that there are no on-going, unresolved issues with my present/former college  
*I certify that all details given on this form are true and accurate, to the best of my knowledge.*

Signed.....Date.....

*Please return to: SoH Education Office, Room DS014, Dartington Space, Dartington Hall Totnes, Devon TQ0 6EN*

**SECTION B To be completed by the ORIGINATING COURSE PROVIDER**

Name of Course Provider.....

Name of student..... Tel/e-mail:.....

Title of course which student has attended (*please indicate if full-time or part-time*)  
.....

Please state how many years of this course have been successfully completed by this student?

1 2 3 4 (*please ring*)

Does this student have any fees outstanding? **YES/NO**  
If YES, please clarify.

.....  
.....

Does this student have any work outstanding? **YES/NO**  
If YES, please clarify

.....  
.....

While this student has been with you, have there been any questions about potential fitness to practise about which you would be concerned? **YES/NO**

If 'YES', please outline your reasons

.....  
.....

***It is assumed that any reservations will have been discussed with student. The student has a right of access to all information written on this form.***

***Please confirm your willingness to provide such copies of assessments and evidence of attendance as might be requested by the receiving course provider e.g.***

- courses/modules attended (including relevant information concerning attendance)
- courses/modules completed
- formative and summative assessment
- clinical education hours (specifying hours of eg observation, case-taking, own cases, supervision etc)

Name of person dealing with section B: (please print).....

***I accept the conditions for transfer and undertake to ensure that they are met.***

Signed..... Date.....

***Please return to: SoH Education Office, Room DS014, Dartington Space, Dartington Hall Totnes, Devon TQ0 6EN***

**SECTION C** *To be completed by the RECEIVING COURSE PROVIDER*

Name of Course Provider.....

Name of student.....Tel/e-mail:.....

Title of course for which student has applied (*please indicate if full-time or part-time*)

.....

Year to which entry is requested                      1   2   3   4 (*please ring as appropriate*)

***Please confirm your willingness to provide information relating to your assessment of the student's suitability for entry as might be requested by the Society's Education Department.***  
*Yes.....*

Please state your final agreement with the student concerning

- Year of entry
- Conditions regarding work to complete
- Please ensure that any outstanding commitments to the originating course provider are met before entry

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.....

Name of person dealing with section C (please print).....

***I accept the conditions for transfer and undertake to ensure that they are met.***

Signed.....Date.....

***Please return to:*** SoH Education Office, Room DS014, Dartington Space, Dartington Hall  
Totnes, Devon TQ0 6EN