



Vision Statement

The aim of the Association is the advancement of safe and ethical cosmetic medicine to the benefit of Doctors and members of the public. To represent cosmetic medical practitioners in a unified manner, to maintain standards in cosmetic medicine, to be a channel for on going education and to act as a support network for members.

Mission Statement

- Maintain medical standards
- Establish practice ethics
- Increase doctor skills
- Educate the public
- Protect the public
- Develop revalidation protocols

We will strive for excellence in efficacy and safety in cosmetic medicine, the delivery of appropriate and well explained care to patients and access to adequate training in new techniques as they are developed.

We recognise this field of medicine is at present unregulated, but encouragingly the Health Care Commission took some responsibility in 2006. We will endeavour to provide open access to information so that patients can easily source appropriately trained and experienced doctors.

The Association intends to drive cosmetic medicine forwards, to reduce unwarranted and undesirable aspects of its reputation and gain the respect enjoyed by all specialised branches of medicine. We are pleased to announce that we have launched a Postgraduate Diploma in Cosmetic Medicine.

Associate membership is the entry level for all new members. A fee of £345.00 is payable per annum for Associate Membership. Full membership is achieved by a doctor who has been an associate member for two years or more and fulfils the criteria for full membership. Please contact the BACD office for full details.

BACD Ltd
Shorne Village Surgery
Crown Lane
Shorne
Kent
DA12 3DY

Tel: 01474 823900

Email: sharon@cosmeticdoctors.co.uk

Website: www.cosmeticdoctors.co.uk

BACD New Member Application Form

Title: Forename: Surname:

DOB: / / GMC number: Expiry date:

Home Address:.....
.....
.....

Post Code:

Home Tel No: Work/Clinic Tel No:.....

Mobile: Fax No:

Email: Website:

Preferred contact number for public access (e.g. mobile/clinic telephone no/email address)

Clinic Name & Address (if applicable):

How long have you been practising cosmetic medicine?.....

Special interests in cosmetic medicine.....

Please enclose copies of your current GMC Certificate, Medical Indemnity Insurance (showing cover for cosmetic procedures) and updated CV. Certificates of training and any Educational & Scientific meetings you may have attended.

I wish to apply for Associate Membership of the British Association of Cosmetic Doctors and agree to be subject to the Rules & Regulations the Association may adopt. I also give my permission for the Association to seek information from other parties to verify my standing, in particular the GMC and Medical Defence Organisations. I confirm there are no past or impending cases against me through the GMC.

I agree to receiving company notices and general correspondence by electronic mail.

I understand that a fee of £345.00 is payable on application by cheque made payable to BACD Ltd. Please send your Application Form, supporting documentation and cheque to:
BACD Ltd, Shorne Village Surgery, Crown Lane, Shorne, Kent, DA12 3DY

New Members Signature:

Date:

Approved by Committee: Signed: Date: