



Affiliation of Crystal Healing Organisations

Student Handbook 2008

ACHO

The Affiliation of Crystal Healing Organisations, “ACHO” was formed in 1988 by a group of four crystal healing training organisations in Britain working to co-ordinate the teaching of crystal healing and present essential, agreed guidelines for that process.

Today ACHO holds a Register of twenty schools who have agreed to follow the same core curriculum and general course structure.

Core Curriculum

These requirements can be found on the ACHO website, under ‘Documents and Forms 2008’ – ACHO Training Standards .

Course Accreditation and Validation

Although the core curriculum has been validated and accredited through local Open College Networks for eighteen units, at a level equivalent of ‘A’ level or NVQ Level 3, not all schools are linked to OCN. However ACHO now offers the option of a validation service to all students where their core curriculum work is validated by ACHO and a certificate of external verification awarded.

BCH- British Crystal Healers

ACHO is a founder member of the British Crystal Healers, which was formed in 2003 as the umbrella group and lead body for Crystal and Gem Healing in the UK. BCH has agreed a core curriculum to which 25 schools teach and the agreed length of tuition for diploma holders.

ICM – Institute for Complementary Medicine

ACHO is an Associate of the ICM. Several years ago ACHO recognised that representation for complementary and alternative skills was achieved through several organisations. Links to the ICM have been maintained following policy decisions within some others organisations that ACHO did not think appropriate for the ongoing freedom of its graduates to choose which registers they wanted to be listed on.

ACHO Practitioner Register

A Practitioner Register is held to include both Certificate/ Licentiate and fully qualified Practitioners of ACHO and BCH schools. This register is available to members of the public on request and is published on the website. To join the register the practitioner pays £15 per annum and must provide proof of qualification and current insurance cover.

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Core Curriculum Topics

“Essential Crystal Healing”

Crystallography (3 credits):

Crystal systems, Mohs’ Scale, structure of the Earth, types of crystal formation, mining techniques, treated or enhanced crystals, toxic crystals, plus the set stones- Quartz (Amethyst, Rose, Citrine, Smoky, Clear) and Quartz family, Celestite, Tourmaline, Malachite, Amber, Obsidian, Labradorite, Moonstone, Haematite, Pyrite, Fluorite, Calcite, Garnet, Turquoise, Beryl family, Herkimer diamond.

Working with Crystals (3 credits):

Choosing crystals for various uses, cleansing crystals, activating and dedicating crystals.

Subtle Energy Systems for the Body (6 credits):

Chakras, using crystals with chakras, subtle bodies, using crystals with subtle bodies, meridians, using crystals with meridians, auras, cleansing auras.

Crystal Healing (3 credits)

Preparing to work with crystals, self and client, case histories, self-healing, handling crystals, theories of how crystals “work”, other healing techniques not covered in chakras, subtle bodies and meridians, absent or distant healing.

Practicalities of Healing (3 credits):

Earthing, grounding, dealing with healing crises, relaxation techniques visualisation techniques.

Client Management (3 Credits)

Health & Safety (3 Credits)

Core Curriculum Criteria

The questions all ACHO students answer to meet these requirements can be seen on the ACHO website, under ACHO Schools Criteria—ACHO Training Standards

ACHO Evaluation Forms

All ACHO Tutors must supply ACHO Evaluation Forms and an SAE to Year One students. The forms are returned direct to ACHO.

An Evaluation Form is also available as an easy download from the ACHO website

Second Year

All ACHO Schools syllabus for the second year of study leading to a diploma, must be at least 90% of crystal work.

veterinary surgery. The latter is defined as encompassing ‘the art and science of veterinary surgery and medicine and, without prejudice to the generality of the foregoing, shall be taken to include- (a) the diagnosis of diseases in, and injuries to, animals including tests performed on animals for diagnostic purposes;

(b) the giving of advice based upon such diagnosis;

(c) the medical or surgical treatment of animals; and

(d) the performance of surgical operations on animals.’

The people who may legally administer *minor medical treatment* to an animal are its owner another member of the household of which the owner is a member a person in the employment of the owner. Additionally, any person may render emergency first aid to an animal ‘for the purpose of saving life or relieving pain or suffering’.

Veterinary surgery involving acupuncture, homeopathy and other complementary therapy may only be administered by a veterinary surgeon who should have undergone training in these procedures.

b. It is legal for crystal therapy practitioners to work with animals as long as they do not practise veterinary surgery or give medical treatment. They may, for example, provide animal owners or carers with crystal treatments to support an animal’s emotional and psychological well being. They may also provide owners and carers with suggestions for applying or using crystal therapy. Such practices remain legal as long as the crystal therapy practitioner:

does not give a diagnosis of disease or injury in animals.

does not perform tests for the purpose of diagnosing disease or injury.

does not give medical advice based upon a medical diagnosis.

does not perform surgical operations.

does not supply anything which counts as a veterinary medicine for the purpose of Veterinary Medicines Regulations.

c. However, it is always wise for crystal therapy practitioners to ensure that animal owners have sought professional help from a veterinary surgeon for any problems the animal is experiencing. Practitioners are, therefore, advised to secure the signature of the owner or keeper of such an animal to the following statement:-

I confirm that I have been notified by.....(name of practitioner) that I should consult a veterinary surgeon regarding the health of my animal.....(name of breed).

Signed.....(Owner/keeper of animal).

Signed by witness.....(Signature of person witnessing)

1.17 Practitioners must not attend women in childbirth or treat them for ten days thereafter unless they hold an appropriate qualification in midwifery.

1.18 Practitioners must not practice dentistry unless they hold an appropriate qualification.

1.19 Practitioners must not treat venereal disease as defined in the 1917 Act.

1.20 Patients suffering from AIDS may be treated at the discretion of the practitioner.

1.21 Notifiable Diseases It is a statutory requirement that certain infectious diseases are notified to the Medical Officer of Health of the district in which the patient/client resides or in which he is living when the disease is diagnosed. The person responsible for notifying the MOH is the GP in charge of the case. If, therefore, a practitioner were to discover a notifiable disease which was clinically identifiable as such he should insist that a doctor is called in. Each local authority decides which diseases shall be notifiable in its area. There may therefore be local variations, but it is assumed that the following diseases are notifiable everywhere:

Acute encephalitis	Leprosy	Relapsing Fever
Acute meningitis	Infective jaundice	Scarlet Fever
Anthrax	Malaria	Tetanus
Acute poliomyelitis	Leptospirosis	Tuberculosis
Cholera	Measles	Typhoid Fever
Diphtheria	Ophthalmia neonatorum	Typhus
Dysentery	Paratyphoid Fever	Whooping Cough
Food poisoning	Plague	Yellow Fever
Rubella	Mumps	

This Code of Conduct is obligatory for practitioners belonging to member organisations of the ACHO. The latter is required to accept responsibility for compliance and for applying the Disciplinary Procedure. It is, however, open to constituent bodies to have additional provisions without in any way detracting from the clarity, force or intent of this Code. Practitioners in breach of the code of conduct are liable to expulsion.

- 1.1 Practitioners shall have respect for the religious, spiritual, political and social views of any individual irrespective of race, colour, creed or sex.
- 1.2 Practitioners shall at all times conduct themselves in an honourable and courteous manner and with due diligence in their relations with their patients/clients and the public. They should seek a good relationship and shall work in a co-operative manner with other healthcare professionals and recognise and respect their particular contribution within the healthcare team, irrespective of whether they perform from an allopathic or alternative/complementary base.
- 1.3 The relationship between a practitioner and his patient/client is that of a professional with a patient/client. The patient/client places trust in a practitioner's care, skill and integrity and it is the practitioner's duty to act with due diligence at all times and not to abuse this trust in any way.
- 1.4 Proper moral conduct must always be paramount in practitioners' relations with patients/clients. They must behave with courtesy, respect, dignity, discretion and tact. Their attitude must be competent and sympathetic, and positive.
- 1.5 All practitioners visiting hospitals will comply with the guidelines laid down by the ACHO and appended to this Code.
- 1.6 Practitioners should ensure that they themselves are medically, physically and psychologically fit to practice.
- 1.7 When a practitioner is giving crystal healing privately to a person of the opposite sex it is advisable for the healer to request the presence of a third party whose bona fides the Healer and patient can accept. Discretion must be used for the protection of the practitioner when carrying out private treatment with patients/clients who are mentally unstable, addicted to drugs, alcohol, severely depressed, suicidal or suffering from hallucinations. Such patients/clients must be treated only by a practitioner with relevant competency. A practitioner must not treat a patient/client in any case which exceeds their capacity, training and competence. Where appropriate, the practitioner must advise referral to a more qualified person.
- 1.9 Registered medical practitioners and members of other health care professions remain subject to the general ethical codes and disciplinary procedures of their respective professions.
- 1.10 The aim of the ACHO practitioner is to offer a service to patients/clients as well as a service and therapeutic modalities to, and with, the medical profession. Practitioners must recognise that where a patient is delegated to them by a Registered Medical Practitioner, the GP remains clinically accountable for the patient and for the care offered by the practitioner.
- 1.11 Practitioners must guard against the danger that a patient/client without previously consulting a doctor may come for therapy for a known disorder and subsequently be found, too late, to be suffering from another serious disorder. To this end all patients/clients must be asked what medical advice they have received. If they have not seen a doctor, they must be advised to do so. Since it is legal to refuse medical treatment, no patient/client can be forced to consult a doctor. The advice must be recorded for the practitioner's protection.
- 1.12 Practitioners must not countermand instructions or prescriptions given by a doctor.
- 1.13 Practitioners must not advise a particular course of medical treatment, such as to undergo an operation or to take specific drugs. It must be left to the patient/client to make his own decision in the light of medical advice.
- 1.14 Practitioners must never give a medical diagnosis to a patient/client in any circumstances; this is the responsibility of a registered medical practitioner.
- 1.15 Practitioners must not use titles or descriptions to give the impression of medical, or other qualifications unless they possess them and must make it clear to their patients/clients that they are not doctors and do not purport to have their knowledge or skills. Working with Veterinary Surgeons
- 1.16 The law in regard to animal treatment is substantially more restrictive than for the treatment of human clients. In particular, The Veterinary Surgeons Act 1966 (Section 19) provides, subject to a number of exceptions, that only registered members of The Royal College of Veterinary Surgeons may practise

Academy of Crystal Enlightenment –ACE

9 Courthope Road, Greenford, Middlesex, UB6 8PZ

Academy of Crystal and Natural Healing – ACNH

The Schoolhouse, Rhyntie, Huntly, Aberdeenshire AB54 4GA

Chiron School of Crystal Therapy

8 Cleve Drive, Four Oaks, Sutton Coldfield, W Midlands, B74 4DS

Cornwall School of Crystal Healing - CSCH

Morden Farm, Callington, Cornwall, PL17 8BY

Elysium School of Complementary Therapy—ESCT

33 Reynolds Close, Manor Park, Wellingborough, Northants, NN8 4UR

Geometrics of Self Healing – GOSH

25A Mill St. Oakham, Rutland, LE15 6EA

Hazel Raven College of Bio-Dynamics

PO Box 88, Tyldesley, Manchester, M29 8YA

Institute of Advanced Crystal Healers – IACH

Turnpike Cottage, Chawleigh, Chulmleigh, Devon EX18 7EU

International Association of Crystal Healing Therapists –IACHT

PO Box 344, Manchester, M60 2EZ

Institute of Crystal and Gem Therapists – ICGT

PO Box 6, Exminster, Exeter, Devon EX6 8YE

Lucis College—LC

The Coach House, 38a Knoll Road, Dorking Surrey RH4 3EP

The School of Soul Medicine—SSM

PO Box 45, Ventnor, Isle of Wight, PO38 3ZQ

Spiritual Venturers Association – SVA

72 Pasture Road, Goole, S Yorks, DN14 6HE

School of White Crystal Healing - SWCH

Paradise Valley/Glyncar, Llangynin, St Clears, Carmarthen, Wales, SA33 4JY

The Violet Flame School of Crystal Healing - VFSCH

PO Box 688, Worcester, Worcs, WR1 1WN

The Vocational College of Healing—VCH

PO Box 231, Hertford, SG14 3WW

Non-UK School

Nusantara Crystal Healing Academy (MALAYSIA) SDN. BHD.—NCHA

F33A, Klang Parade, Box 106, No. 2112, KM 2, Jalan Meru, 41050 Klang, Selangor Darul Ehsan, Malaysia.

Equal Opportunities Policy—January 2007

- 1.22 Practitioners must not use manipulation or vigorous massage unless they possess an appropriate professional qualification.
- 1.23 Practitioners must not prescribe remedies, herbs, supplements, oils, etc, unless their training and qualifications entitle them to do so.
- 1.24 Practitioners may not offer counselling unless suitably qualified.
- 1.25 Practitioners must remain in a conscious state of attentiveness at all times and not work in a trance.
- 1.27 **Healing Young Persons.** It is illegal to give healing to persons under the age of 18 without obtaining permission, preferably in writing from a parent or guardian prior to the treatment. A person over the age of 16 and under 18 years may request medical attention. A crystal therapist is not yet recognised as a qualified medical practitioner. If it is known that medical attention for the child is not being received, therapists are advised to secure the signature of parent or guardian to the following statement:-
- I have been notified by _____ that according to law I should consult a doctor concerning the health of my child _____ (name of child) Signed _____ (signature of person witnessing)
- 1.28 Advertising must be dignified in tone and shall not contain testimonials or claim a cure or mention any disease. It shall be confined to drawing attention to the therapy available, the qualifications of the practitioner and offer a general service together with necessary details.
- 1.29 All professionally practising therapists of the organisations of the ACHO should ensure that their names appear on the approved public register of practitioners held by the association, to confirm that they are fully qualified to practice and that they abide by the ACHO Code of Conduct and Disciplinary Procedure.
- 1.30 Before treatment, practitioners must explain fully either in writing or verbally all the procedures involved in the treatment including such matters as questionnaires, likely content and length of consultation, probable number of consultations, fees, etc.
- 1.31 Practitioners must act with consideration concerning fees and justification for treatment. Practitioners must not be judgmental and they must recognise the patient's/client's right to refuse treatment or ignore advice. It is the patient's/client's prerogative to make their own choices with regard to their health, lifestyle and finances.
- 1.32 Practitioners must ensure they keep clear and comprehensive records of their treatments including the dates and advice given. This is especially important for the defence of any negligence actions as well as for efficient and careful practice.
- 1.33 In determining whether or not any record of the nature of any treatment administered is reasonable, it shall be for the practitioner compiling the record to show that on the basis of his notes he can demonstrate what treatment was undertaken and whether that treatment was competently and reasonably undertaken.
- 1.34 With regard to confidentiality, practitioners, their assistants and receptionists have an implicit duty to keep attendances, all information, records and views formed about patients/clients entirely confidential. No disclosure may be made to any third party, including any member of the patient's/client's own family, without the patient's/client's consent unless it is required by due process of the law, whether that be by Statute, statutory instrument, order of any court of competent jurisdiction or howsoever otherwise.
- 1.35 Practitioners must ensure that they comply with the Data Protection Act.
- 1.36 No third party, including assistants and members of the patient's/client's family, may be present during the course of a consultation with an adult without the patient's/client's express consent.
- 1.37 Insurance and Premises. All practitioners must be adequately insured to practice. Private insurance is permitted and if adopted, practitioners must provide evidence of this to their Association. The insurance policy must state provision for public and employee (if personnel are employed) liability and indemnity as well as the provision for professional treatments.
- 1.38 All practitioners shall ensure that their working conditions are suitable for the practice of their therapy.
- 1.39 **Discipline:** Practitioners will follow and abide by decisions made under the disciplinary procedures.
- Section 2: GUIDANCE FOR PRACTITIONERS VISITING HOSPITALS TO PROVIDE TREATMENTS**
- 2.1 The hospital is responsible for the patient.
- 2.2 Practitioners may only treat patients in hospital with permission from the hospital authority including the ward charge nurse.
- 2.3 Practitioners should not wear clothing (eg. white coats) which give the impression that they are a staff member of the hospital. They may have some form of identification such as a lapel badge.

ACHO's objective is to maintain operational standards so that all its Members, Principals, Tutors, Students and Practitioners are treated equally, irrespective of race, sex, sexual orientation, religion, disability, age, gender reassignment, marital status or ethnic origin. ACHO Members, Principals and Tutors are instructed to ensure the following:

1. There shall be no discrimination in respect of race, sex, sexual orientation, religion, disability, age, gender reassignment, marital status or ethnic origin.
2. Recruitment, promotion, training and development shall be determined on capability and merit only.
3. ACHO Members, Principals and Tutors have personal responsibility for the practical application of this Policy, which applies to the treatment of students and the general public as well as to each other.
4. Any ACHO Member, Principal or Tutor that is involved in recruitment, promotion or training has specific responsibility for the practical application of this Equal Opportunity Policy.
5. In the event that someone considers that he/she has been the subject of unfair discrimination, or any form of harassment or victimisation, the employee should refer to ACHO's Grievance Procedure.
6. Anyone who has been determined to have committed an act of unlawful discrimination shall be subject to disciplinary action according to ACHO's Disciplinary Rules and Procedures.

If there is any doubt about the terms of this Policy or the application thereof anyone should consult the ACHO Secretary or ACHO Disciplinary Chair

Grievance Procedure—January 2007

The grievance procedure enables ACHO to ensure that any problems, complaints or concerns raised by its Members, Principals, Tutors, Practitioners and students are dealt with in a fair, timely and consistent manner. Any discrimination on the grounds of race, sex, sexual orientation, religion, disability, age, gender reassignment, marital status or ethnic origin should be countered and dealt with in an appropriate manner.

1. **Informal**

If you have a grievance or complaint regarding your course, or treatment by ACHO Members, Principals, Practitioners or Tutors, or if you are concerned about your health and safety you should first talk the matter over on an informal basis with your Tutor or Principal. He/she will discuss your concerns with you and attempt to resolve the matter within a reasonable timescale.

2. **Formal**

If you feel that your grievance has not been resolved or cannot be settled informally, you should write to ACHO about the issue. You will then be invited to attend a meeting to discuss the grievance; you must take all reasonable steps to attend this meeting. ACHO will consider the matter carefully and communicate the outcome to you in writing within 28 working days.

3. **Appeal**

If you feel that your grievance has not been satisfactorily resolved, you have the right to raise an appeal. Your request for an appeal should be submitted to ACHO in writing within seven working days of you receiving written confirmation of the outcome of the formal grievance meeting. A further meeting will be arranged so that you can discuss your grievance appeal with ACHO. The outcome will be communicated to you in writing within fourteen working days. Decisions made at this point are final and the grievance procedure is concluded.

You have the right to be accompanied, if you wish, by a colleague at any grievance and appeal meetings. If your chosen companion is not available at the proposed time, you may request that the meeting is postponed for up to five working days in order that they can accompany you.

Where possible, the different stages of the procedure will be handled by different ACHO Council members (normally of increasing seniority). However, where this is not practicable, the same person may handle the different stages and he/she will act as impartially as possible.

Grievances will be handled with as high a degree of confidentiality as is practicable, particularly when the issue is of a sensitive nature.

Confidential records of the grievance will be kept in the ACHO Archive in accordance with Data Protection legislation. Copies of meeting notes will be provided, although ACHO reserves the right to withhold certain information (e.g. to protect a witness).

Please note that where timescales are specified in this procedure, they may be extended by mutual consent if necessary.

Racial harassment

Racial harassment is any behaviour, deliberate or otherwise, relating to race, colour, ethnic or national origin directed at an individual or group, which is found to be offensive or objectionable to the recipient and which creates an intimidating, hostile or offensive environment. Some examples include: - physical attack
Practitioner Register which lists their name together with some form of identification or other proof of membership of an ACHO organisation and permission to visit.

An unabridged copy of the code of conduct is available from your organisation. A small fee may be charged

Disciplinary Rules and Disciplinary Procedure - January 2007

1. Introduction

The purpose of the disciplinary procedure is to ensure that any concerns over ACHO Principals, tutors, students and practitioners conduct or performance are handled in a fair, consistent and timely manner with the intention of bringing about an improvement, and to protect the proper operation of ACHO.

This procedure may be reviewed and updated from time to time. Any amendments will be notified to ACHO Members in writing, following consultation and/or notice where appropriate.

2. Rules and Application

The following are some examples of types of conduct that will normally be addressed through implementation of ACHO's disciplinary procedure:

- Unsatisfactory teaching performance;
- Breaches of ACHO policies and procedures;
- Inappropriate behaviour (e.g. fighting, drunkenness, etc.);
- Bullying, harassment or victimisation;
- Discrimination on any of the grounds listed in ACHO's Equal Opportunities Policy: e.g. race, sex, sexual orientation, religion, disability, age, gender reassignment, marital status or ethnic origin;
- Serious or repeated failure to follow reasonable requests or instructions;
- Persistent lateness or poor timekeeping in tutored/tutoring situations
- Abuse, misuse or neglect of ACHO and/or ACHO Member's property or facilities.

The disciplinary procedure does not apply to:-

- termination of ACHO Membership at the end of a new Member's probationary period (including any extended probationary period)
- termination of ACHO Membership by mutual consent.

Where time limits are referred to in this procedure, they may be shortened or extended by mutual consent. Disciplinary matters will be handled with as high a degree of confidentiality as is practicable, particularly when the issue is of a sensitive nature.

Confidential records of disciplinary matters will be kept in ACHO's Archive in accordance with Data Protection legislation. Copies of meeting notes will be provided to the person, although ACHO reserves the right to withhold certain information (e.g. to protect a witness).

ACHO reserves the right to suspend a Member, normally for no more than three months, while a disciplinary offence is investigated.

Minor disciplinary offences and general issues of poor performance will be handled informally in the first instance, through discussion/counselling and informal warning(s). Where an informal approach fails to bring about the desired improvement, or where the offence is more serious, the formal disciplinary procedure will be followed.

3. Formal Disciplinary Procedure

There will be a careful investigation of any alleged offence before disciplinary action is taken against a Member, tutor, student or practitioner. If ACHO concludes that there are reasonable grounds to believe that the person may have committed an act of misconduct, he/she will be asked to attend a disciplinary hearing. In the event of poor performance by a Member, disciplinary hearings will usually be undertaken only where informal approaches have failed to produce a satisfactory improvement.

- verbal abuse, threats, derogatory name-calling, racist insults and jokes
- ridicule of an individual on racial or cultural grounds
- exclusion from normal workplace interactions or social events
- unfair allocation of work and/or responsibilities
- racist graffiti/insignia or display of racist material
- inciting others to commit any of the above

Harassment on the basis of religion

Harassment on the basis of religion is any behaviour, deliberate or otherwise, relating to religion or religious persuasion directed at an individual or group, which is found to be offensive or objectionable to the recipient and which creates an intimidating, hostile or offensive environment. Some examples include:

- physical attack
- verbal abuse, threats, derogatory name-calling, religious insults and jokes
- ridicule of an individual on grounds of religion or beliefs
- exclusion from normal places of interaction or social events
- unfair allocation of work and/or responsibilities
- inciting others to commit any of the above

Bullying

Bullying in damages individuals' health and lives and also undermines productivity and effective relationships. Bullying can occur when a superior uses the opportunity of position to intimidate a subordinate, in peer relationships or, in rare cases, may affect someone in a superior position. Bullying can be broadly defined as behaviour which consistently undermines another's confidence, reducing feelings of self-esteem and self-worth. Such behaviour may be deliberate, as in a planned campaign, or may arise out of the bully's own immaturity, lack of inter-personal skills and poor self-confidence. It is generally psychological, rarely though sometimes physical, and may also be exacerbated by the bully's own susceptibility and reaction to stress. In a teaching environment bullying consists of the abuse of power and the regular use of inappropriate behaviours at the expense of another individual. Some examples of these behaviours include:

- physical or verbal abuse, including threats
- psychological intimidation, humiliation, excessive and/or unreasonable criticism
- unjustifiable removal of areas of responsibility
- ostracism ("sent to Coventry")/exclusion
- malicious lies
- setting unreasonable and unrealistic goals/targets
- "academic bullying": i.e. asserting a position of intellectual superiority in an aggressive, abusive or offensive manner; threats of academic failure; public sarcasm and humiliation

Note:

Legitimate, constructive and fair criticism of a someone's performance or behaviour will not be considered to be bullying or harassment. ACHO will not condone bullying under the guise of "strong management" but, conversely, regards an assertive management style as acceptable provided that people are treated with respect and dignity.

Other forms of harassment

The following are further examples of specific types of harassment but, once again, should not be considered an exhaustive list:

- homophobic harassment, i.e. harassment directed at homosexual persons or groups on the grounds of their sexual orientation (applying equally to homosexual men or women)
 - harassment in respect of a recipient's disability or impairment
 - repeated gibes in respect of personal traits or appearance, practical jokes or invasions of privacy, any or all of which may cause physical or psychological distress
 - discrimination on the grounds of age. Harassment on the grounds of age is based on attitudes or assumptions and stereotyping which are prejudicial to older or younger people. Some examples of ageist harassment are derogatory remarks or behaviour, expressing prejudicial assumptions about abilities or excluding people from social activities.
 - unwelcome repeated telephone calls, letters or emails
- These examples should not be seen as exhaustive: any unwelcome behaviour of a sexual nature which creates an intimidating, hostile or offensive environment for the recipient may be regarded as sexual harassment.