



APPLICATION FOR MEMBERSHIP

Full name Date of birth
(please underline the first name by which you are known)

Name on passport (if different from the above)

Address

..... Postcode

Telephone no. Mobile Email

I wish to offer my support to Healing Hands Network. I would like to be involved as follows (please tick)

1. Supporter
by fundraising/increasing public awareness/donations/sponsorship/Deed of Covenant)
2. Volunteer complementary therapist
3. All complementary therapists volunteering to be involved with Healing Hands Network will be invited to attend a preparatory workshop and short interview.

Therapist applicants will be asked later to provide the following **but don't enclose anything yet.**

CV detailing brief summary of career history
Copies of practitioner certificates
Copy of professional indemnity insurance

2 Professional References

Be prepared to have a CRB/DBS check for some of our work.

All applicants please enclose

* Membership donation of £30 / €45 cheque bank transfer PayPal (please circle which) Renewable 1st June annually. Please reference transfers with your name so we can trace it back to you.

Barclays Bank plc Account no: 70429074 Sort Code: 20-07-71 a/c Healing Hands Network

* One passport sized photograph (for HHN ID card) This photo may done on your phone/tablet/laptop & emailed in for ease but please label clearly with your name. healinghandsnetwork@gmail.com

Signed Date

Where did you hear about Healing Hands Network?