

Healing Hands Network

Membership Administrator,
148, Boswell Drive
Walsgrave
Coventry
West Midlands
CV2 2HL



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

All complementary therapists volunteering to be involved with Healing Hands Network will be invited to attend a preparatory induction workshop held in the Midlands.

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 Qualifications, professional indemnity insurance
2 Professional References

*** Membership donation of £35** payable by **standing order**. Please arrange for your bank to set this up to the account below. The date you join will be the renewal date annually. Overseas applicants please arrange a bank transfer for the equivalent amount at the current conversion rate at the time. **Please everyone, reference the payment with your name and state "membership" so that it can be properly allocated upon receipt.**

*** Can we Gift Aid this donation** Yes / No -note: UK tax payers only. We will send a form for permission.

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

Signed Date joining

Where did you hear about Healing Hands Network?

OFFICE USE: date received..... bank transfer/standing order checked : yes / no

New Member Pack and ID Badge issued DATE.....

Insurance rec'd Y / N Referee letter sent date.....References rec'd Y / N Certs rec'd Y / N