



ATH FAST TRACK FULL MEMBERSHIP APPLICATION FORM

RETURNING MEMBERS

This Application Form applies to Healers who have previously held membership of The Association for Therapeutic Healers to who have previously worked as a healer

See attached info sheet.

NAME:

ADDRESS:

POST CODE

TEL: Home:

Work:

Mobile:

Email address

Website:

YOUR HISTORY WITH ATH (FOR THOSE WHO HAVE PREVIOUSLY BEEN ATH MEMBERS)

WAS THERE A REASON FOR LEAVING ATH?

WHAT WAS YOUR PREVIOUS MEMBERSHIP STATUS ASSOCIATE FULL

WHEN WERE YOU A MEMBER OF ATH

ABOUT YOUR WORK

HAVE YOU BEEN WORKING AS A HEALER IN THE PAST 7+ YEARS

WHY DID YOU STOP WORKING AS A HEALER/ WITH CLIENTS

HOW LONG HAVE YOU BEEN PRACTICING AS A HEALER?

AREAS OF SPECIALISATION (if appropriate)

MEMBERSHIP OF OTHER ASSOCIATIONS:

HEALING EXPERIENCE & TRAINING: Please include any relevant certs/diplomas with your application

THERAPEUTIC SKILLS Please include Training or work experience with Qualifications & dates. and include copies of all relevant Certificates/Diplomas with your application.

DO YOU RECEIVE SUPERVISION (One to one, Group Led or Peer) Yes No

HAVE YOU HAD A COMPLAINT MADE AGAINST YOU?

IF SO WHAT WAS THE OUTCOME?

DO YOU HAVE MORE THAN ONE MODALITY/ WAY OF WORKING CAN YOU TELL US WHY THAT MIX AND HOW THOSE MODALITIES INFORM YOUR WORK.

FOR THE THERAPIES ABOVE I AM INSURED WITH: *Please include a copy of your current insurance policy with your application.*

Or DO YOU NEED HEALING INSURANCE via ATH (Balens Insurance) YES NO

ATH WEBSITE & NETWORKING LIST

THE MEMBERS NETWORKING LIST (*circulated to members only*) YES NO

DO YOU WISH TO BE LISTED ON THE ATH WEBSITE YES NO

IMPT - THE INFORMATION CONTAINED IN BOX BELOW WILL BE PRINTED IN THE ATH REGISTER OF HEALERS AND WILL BE AVAILABLE TO THE PUBLIC VIA OUR WEBSITE IF YOU AGREE. HEALERS ARE LISTED BY AREA OR POSTCODE and BY SPECIALISATION. PLEASE THINK CAREFULLY ABOUT WHAT YOU WANT INCLUDED ON THE WEBSITE>

PLEASE STATE IN A FEW WORDS YOUR PHILOSOPHY OF HEALING

PLEASE CONFIRM THAT YOU HAVE READ THE ATH CODE OF CONDUCT AND ETHICS. YES NO

PLEASE NOTE THAT BY SIGNING THIS APPLICATION FOR FAST TRACK FULL MEMBERSHIP OF ASSOCIATION FOR THERAPEUTIC HEALERS YOU ARE AGREEING TO COMPLY WITH OUR CODE OF CONDUCT AND ETHICS, AND WITH ATH REQUIREMENTS FOR ANNUAL CPPD (CONTINUING PROFESSIONAL & PERSONAL DEVELOPMENT). WE ENCOURAGE YOU TO BE IN SUPERVISION BUT IT IS NOT MANDATORY AT PRESENT.

YOUR SIGNATURE:

Date:

PROPOSERS SIGNATURE :

Date:

Relationship to applicant:

Your occupation:

The initial fee for Returning Full membership is £53 (annual membership fee) plus £30.00 admin fee. (£15.00 of this is non-returnable) Total - £83.00

PAYMENT

Address your cheque to - **The Association For Therapeutic Healers.**

Or if you wish to pay by BACS here are the details

The Association For Therapeutic Healers
Sort Code: 20-67-90
Account Number: 83753050

Please remember to identify yourself if you pay by BACs.

Send completed form and fee to:

ATH Membership Secretary,
c/o 110a Alexander Road, Islington, London, N19 4JN

Contact I: enquiries@healers-ath.org

HAVE YOU INCLUDED ALL THE RELEVANT CERTS, FORMS CHEQUE ETC?

Membership subscriptions are renewable annually on 1st April currently this fee is £53.00.

2022