



THE ASSOCIATION FOR THERAPEUTIC HEALERS

FULL MEMBERSHIP APPLICATION FORM

NAME:

ADDRESS:

POST CODE

TEL: Home:

Work:

Mobile:

Email address

Website:

OCCUPATION/PROFESSION:

AREAS OF SPECIALISATION (if appropriate)

MEMBERSHIP OF OTHER ASSOCIATIONS:

HEALING EXPERIENCE & TRAINING:

Please include copies of all relevant Certificates/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.

Please indicate if you wish to be included on the following-

THE PUBLIC REGISTER	YES	NO
THE MEMBERS NETWORKING LIST <i>(circulated to members only)</i>	YES	NO
DO YOU WISH TO BE LISTED ON THE ATH WEBSITE	YES	NO

THE INFORMATION CONTAINED IN BOXES BELOW WILL BE PRINTED IN THE ATH REGISTER OF HEALERS AND WILL BE AVAILABLE TO THE PUBLIC VIA OUR WEBSITE. HEALERS ARE LISTED BY AREA OR POSTCODE

Full members of ATH are covered by Insurance for Healing only via Balens if required. This is included in membership fee.

FOR THE THERAPIES ABOVE I AM INSURED WITH:

Please include a copy of your current insurance form with your application.

NAME

COUNTY OR LONDON POSTAL DISTRICT

TELEPHONE NUMBER

EMAIL ADDRESS

WEBSITE

PLEASE LIST AREAS OF SPECIALISATION OTHER THAN HEALING: Up to 3 specialties may be listed in the Public Register)

YOUR WORK: Briefly state the nature of your work

PLEASE WRITE A FEW WORDS ON YOUR PHILOSOPHY OF HEALING.

HOW LONG HAVE YOU BEEN PRACTICING AS A HEALER?

HOW MANY CLIENTS DO YOU ON AVERAGE SEE PER WEEK FOR EACH MODALITY?

HEALING:

OTHER THERAPY:

MIXED THERAPIES:

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

ARE YOU CURRENTLY RECEIVING SUPERVISION?

DO YOU OFFER HOME VISITS?

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE TO SAY ABOUT YOURSELF?

HAVE YOU READ THE ATH CODE OF CONDUCT AND ETHICS?

YES NO

ARE THERE ANY QUESTIONS OR QUERIES ARISING FROM READING ATH THE CODE OF CONDUCT AND ETHICS?

PLEASE NOTE THAT BY SIGNING THIS APPLICATION FOR 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 CPD (CONTINUING PROFESSIONAL DEVELOPMENT)

SIGNATURE:

DATE:

FIRST PROPOSERS SIGNATURE & Date

Relationship to applicant.

SECONDER'S SIGNATURE & Date

Relationship to applicant.

Please send completed form and fee to:

ATH Membership Secretary,
110a Alexander Road, Islington, London, N19 4JN
e-mail: enquiries@healers-ath.org

Membership subscriptions are renewable annually on 1st April

HAVE YOU INCLUDED ALL THE RELEVANT CERTS, FORMS ETC?