



THERAPIST'S APPLICATION FORM

Please complete this form giving us as much information as possible that will assist the Harmony Therapy Trust Admin staff in processing your application. Please make sure you read the Therapist Guidelines that the Trust will require you to follow when providing treatments.

Name	
Address & Post code	
Qualifications (proof of)	
Therapies offered	
Availability	
Insurance (proof of)	
Contact Number / Email	

*Where stated please provide copies of up to date certificates and insurance details that you hold. If we currently hold your details then please do not worry.

WHEN COMPLETED PLEASE SEND FORM TOGETHER WITH COPIES OF YOUR CERTIFICATES, INSURANCE AND ASSOCIATION DETAILS TOGETHER WITH TWO PASSPORT SIZED PHOTOGRAPHS. YOU WILL THEN BE CONTACTED BY OUR ADMIN OFFICE TO ARRANGE AN APPOINTMENT TO COME IN AND SEE THE TRUSTEES WITH A VIEW TO APPOINTING YOU AS A THERAPIST USED BY THE TRUST. AT ALL TIMES YOU WILL REMAIN SELF EMPLOYED AND PAYMENT WILL BE MADE UPON PRODUCTION OF INVOICE DETAILS OF WHICH WILL BE EXPLAINED TO YOU AT THE MEETING.