

New Therapist – Application Form

Please complete the following:

Name: _____

Address: _____

Contact number: _____

Email: _____ Website: _____

Main Disciplines: _____

Where have you worked/currently work?

Are you seeking employment or are you self – employed? How paid at the moment?

What are you looking for in a centre? Rate of pay?

Which days are you looking to work?

What times?

What are your prices?

Do you have any marketing material and what?

How do you currently market yourself?

Do you have a database of clients?

How many clients do you see per week?

How soon can you start?

Where do you see yourself in one or two years' time?

Do you have a DBS (CRB) certificate? YES / NO

Office use: Practical assessment comments:

Treatment:

Your checklist to send in/ email in :

- 1) Copy of insurance
- 2) Copies of qualifications
- 3) A copy of your memberships to the associations which covers your therapies
- 4) Copy of British passport or papers to work in the UK*
- 5) Work references*
- 6) A short biography / CV (if you have it)
- 7) A headshot picture
- 8) DBS (CRB) certificate if applicable*

***Bring to meeting**