

NFSH HEALER MEMBERSHIP

We have great pleasure in enclosing this application form. Please read these notes carefully before completing the form. All applicants for Healer membership must be able to provide evidence to demonstrate competence as Healers. The Panel members will notify you of their decision after the Panel has finished.

The Panel aims to assess:

- Your knowledge and understanding of the Code of Conduct
- Your knowledge and understanding of the theory and practice of Healing and your commitment to The Healing Trust
- Your dedication to providing Healing to your clients
- Your commitment to personal and professional development
- Your demonstration of the Healing Act as taught by The Healing Trust

GUIDANCE NOTE 1

Please include your telephone, mobile and email details. Please print the name you wish to appear on your Healer certificate.

GUIDANCE NOTE 2

You need 4 clients who will answer a standard testimonial questionnaire about your Healing. This will be sent directly to them by Central Office. It is helpful if they provide as much information as possible and reply as soon as possible.

Your clients must:

- Have received Healing from you within the 12 months prior to your application
- Have received Healing only from you during the period covered by the testimonial
- Be able to testify in a questionnaire that they have benefited from your Healing spiritually, mentally, emotionally and/or physically
- Not include immediate members of your family eg spouse or partner, children, siblings or parents
- Not include clients who have only benefited from Distant Healing

You may include ONE animal as a client with contact details of the owner. If you wish to have a Panel outside of your Region, please notify Central Office.

GUIDANCE NOTE 3

Your mentor must be a current Healing Trust Member who is not closely related to you. Your logbook must demonstrate that you have clearly fulfilled the terms of one of the following methods of mentoring.

Method A: you will have completed and clearly recorded at least 6 hours of one-to-one meetings over at least 12 months of your time as a Student. You will have been observed giving the Healing Act on 3 separate occasions throughout this period.

Method B: you will have completed and clearly recorded at least 30 hours contact time within a development group context over at least 15 months of your time as a Student. You will have been observed giving the Healing Act on 3 separate occasions throughout this period.

GUIDANCE NOTE 4

Payment may be by cheque, credit or debit card. Overseas members may pay by credit card or bank transfer.

Please read the terms of your Declaration very carefully before signing (see page 3)

WHAT HAPPENS NEXT?

- Once all your testimonials have been returned to Central Office they are forwarded to your Regional Panel Co-ordinator, who will contact you directly to arrange a date for your Panel and who will explain where the Panel will be held.
- Please note that Central Office does not arrange Panel dates or venues. This will be done by your Regional Panel Co-ordinator. Some Regions will need 3 applicants to be ready for Panel before they can confirm a date for Panel. Some Regions can only hold Panels twice a year due to geographical considerations, whilst other Regions can hold Panels every 2-3 months. Please be patient while waiting to hear your Panel date. Every effort is made to ensure that you can attend a Panel as soon as possible, at a convenient time for you. We remind you that all Panel personal are Healing Trust volunteers.
- If you wish you may apply for a Panel in another Region. Please advise Central Office of this when you send in your application form.
- Overseas students may request a Panel using Skype – please advise Central Office.
- Please allow a minimum of 3 months from the start of your application until your Panel date.
- Your Panel interview will last for one hour, with 3 volunteer Healer Members on the Panel. They will have read your logbook and will talk to you about your Healing journey. They will ask you questions on the Code of Conduct and you will be asked to demonstrate the Healing Act.
- You will be notified immediately of the result and your logbook will be returned to you on the day of your Panel.
- On passing Panel you will receive a Healer Membership pack with a certificate and Healer card, ready to start a new stage of your journey as a Healer Member of The Healing Trust. You will be eligible to use the initials MNFSH and to be on the Referral Register of The Healing Trust for a small fee. You will also be entered on the public register of Healers maintained by UK Healers.

CHECKLIST

- Please tick
- Have you completed all parts of the form?
 - Have you enclosed photocopies of all your Healing Trust course certificates?
 - Has your mentor signed and dated all your meetings and signed the inside back cover of your logbook?
 - Has your mentor clearly shown that they have observed the Healing Act at least 3 times and completed the necessary amount of contact time?
 - Have you included/arranged payment of your upgrade fee?

PLEASE RETURN YOUR APPLICATION FORM AND LOGBOOK BY RECORDED DELIVERY TO:

***The Healing Trust, Bull End.1 Strixton Manor Business Centre. Strixton, Wellingborough.
Northants NN29 7PA***

NFSH HEALER MEMBERSHIP APPLICATION FORM

Please read the application guidance notes CAREFULLY before completing this application form. Use BLOCK CAPITALS throughout and complete fully ALL relevant parts.

PERSONAL CONTACT DETAILS (see Application Guidance Note 1)

Surname _____ Mr/Mrs/Ms/Miss/Title _____

Forename _____ Initials _____ Date of Birth _____

Name required for Healer Certificate _____

Address _____

County _____ Postcode _____ Country _____

Tel No. (daytime) _____ Mobile No. _____

Email (PLEASE PRINT) _____

Date joined Healing Trust as a Student _____ Membership No. _____

	1	2	3	4
Dates of Healing Courses				
Tutor				

MENTOR (see Application Guidance Note 3)

Surname:	Mr/Mrs/Ms/Miss/Title:	Forenames:	Office Use
Address:			
County:	Postcode:	Country:	Date Received
Email:			

I would like my Panel Assessment to be in Region

DECLARATION

- To the best of my knowledge the information given on this application form is accurate
- I am a practicing Spiritual Healer and I am 18 years of age or over
- If accepted for membership, I agree to abide by the Constitution, and the Code of Conduct of The Healing Trust
- I have not been refused admission to or expelled from any other healing organisation
- Patients detailed in Part 2 are prepared to confirm in writing that they have benefited from my treatment as a Spiritual Healer and I accept they will be contacted direct by Central Office
- As far as I am aware I have no medical condition/physical or emotional health difficulties which would prevent me from fulfilling my obligation under the requirements of The Healing Trust Code of Conduct.

Signed _____

Date _____

The Healing Trust takes your privacy seriously. We will only use your personal information to administer your membership and provide the services you have requested from us. We will never sell your data and promise to keep your details safe and secure.

NOMINATED PATIENTS (see Application Guidance Note 2)**Nominated Patient 1**

Surname:	Mr/Mrs/Ms/ Miss/Title:	Forename:	Office Use
Address:			
County:	Postcode:	Country:	Date Received
Email (please print)			

Nominated Patient 2

Surname:	Mr/Mrs/Ms/ Miss/Title:	Forename:	Office Use
Address:			
County:	Postcode:	Country:	Date Received
Email (please print)			

Nominated Patient 3

Surname:	Mr/Mrs/Ms/ Miss/Title:	Forename:	Office Use
Address:			
County:	Postcode:	Country:	Date Received
Email (please print)			

Nominated Patient 4

Surname:	Mr/Mrs/Ms/ Miss/Title:	Forename:	Office Use
Address:			
County:	Postcode:	Country:	Date Received
Email (please print)			

PAYMENT – please tick (see Application Guidance Note 4)

Please remember to enclose your upgrade fee. Amount £ _____

- by Cheque (payable to The Healing Trust)**
- by Credit or Debit Card (please call Central Office direct with details)**
- or online using PayPal**

Office Use Only	
Accounts Ref	Date Certificate Issued