



Promoting Healing as a Natural and Holistic Choice for All

# NFSH The Healing Trust HEALER MEMBERSHIP - APPLICATION FORM

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

## PERSONAL CONTACT DETAILS (see Application Guidance Note 1)

<b>Student Membership No:</b>					
Title:		Surname:		Forename:	
Initials:		Date of Birth:			
Name to Appear on Healer Certificate:					
Address:					
County:		Country:			
Postcode:		<b>Email (please print):</b>			
Tel No:		Mobile No:			
Date Joined The Healing Trust as a Student:					

## HEALING COURSES - DATES

Healing Course:	Date(s) Attended:	Tutor:
Part 1 Only		
Parts 1 & 2 Combined		
Part 3		
Part 4		

## MENTOR (see Application Guidance Note 3)

Title:		Surname:	Forename:		For Office Use	
					Sent:	Rec'd:
Address:						
County:		Country:				
Postcode:						
Tel No:		Mobile No:				
<b>Email (please print):</b>						

I would like my Panel Assessment to be in Region: \_\_\_\_\_

Other Region(s) I would consider travelling to are: \_\_\_\_\_

## 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 the 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.*

## PAYMENT – please tick (see Application Guidance Note 4)

Please remember to enclose your **upgrade fee for the amount £40.00**. Please indicate below which payment method you have chosen:

- by Cheque**  
(payable to The Healing Trust)
- by Credit or Debit Card**  
(please call the Office Monday to Thursday between 10am and 4pm with details)
- online using PayPal™**  
(via our website [www.thehealingtrust.org.uk](http://www.thehealingtrust.org.uk), login using your registered email address and the digits in your membership number)

### Charity Gift Aid Declaration

Please boost your donation by 25% by ticking the box and signing below.

*giftaid it*

Gift Aid can be reclaimed by the Charity from the tax you pay on your membership fee for the current tax year **AT NO ADDITIONAL COST TO YOU**. Your address, as above, is needed to identify you as a current UK taxpayer.

**By ticking this box, I confirm I wish Gift Aid to apply to this donation and any donations I make in the future or have made in the past 4 years. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.**

*Please notify the Charity if you want to cancel this declaration, change your name or home address or you no longer pay enough tax on your income and/or capital gains*

Signed:

Date:

For Office Use Only	
Accounts Ref	Date Certificate Issued

## NOMINATED PATIENTS (see Application Guidance Note 2)

### Nominated Patient 1

Title:		Surname:		Firstname:		For Office Use	
						Sent:	Rec'd:
Address:							
County:		Country:					
Postcode:							
Tel No:		Mobile No:					
<b>Email (please print):</b>							

### Nominated Patient 2

Title:		Surname:		Firstname:		For Office Use	
						Sent:	Rec'd:
Address:							
County:		Country:					
Postcode:							
Tel No:		Mobile No:					
<b>Email (please print):</b>							

### Nominated Patient 3

Title:		Surname:		Firstname:		For Office Use	
						Sent:	Rec'd:
Address:							
County:		Country:					
Postcode:							
Tel No:		Mobile No:					
<b>Email (please print):</b>							

### Nominated Patient 4

Title:		Surname:		Firstname:		For Office Use	
						Sent:	Rec'd:
Address:							
County:		Country:					
Postcode:							
Tel No:		Mobile No:					
<b>Email (please print):</b>							