

IMPORTANT:

Before completing this form, please contact one of our Tutors of your choosing by visiting our website www.thehealingtrust.org.uk/alltraining/



Promoting Healing as a Natural and Holistic Choice for All

NEW STUDENT APPLICATION FORM (First Year)

Please PRINT CLEARLY throughout and complete FULLY all relevant parts.

PERSONAL CONTACT DETAILS:

Surname:		Forename(s):		Title:	
Date of Birth:		Occupation:			
Address:					
County:		Country:		Postcode:	
Home Tel No:			Mobile:		
Email (please print clearly) <i>To lessen costs and our impact on the environment, much of our correspondence is via email.</i>					

The Healing Trust, Bull End, 1 Strixton Manor Business Centre, Strixton, Northamptonshire. NN29 7PA

Tel: +44 (0)1604 603247 Email: office@thehealingtrust.org.uk Website: www.thehealingtrust.org.uk

The Healing Trust is the working name of The NFSH Charitable Trust Limited
Registered Charity No: 1094702

WELCOME TO THE HEALING TRUST

We have great pleasure in enclosing this application form for your Student Membership of one of the largest Spiritual Healing organisations, dedicated to Spiritual Healing since 1954 and active throughout the world.

Student Membership is available to anyone who wishes to develop their Healing abilities, who meet the criteria. The Student training period of two years is the time during which you develop and gain experience before applying for Healer Membership.

For your application to become a Student Member you will need:

- **to visit our website www.thehealingtrust.org.uk/alltraining/tutors to select and speak to one of our Tutors before completing this form.**
- name one person who can provide a reference; someone who has known you well for at least 2 years (who is not a relative) and is able to confirm your good character and suitability to become a Healer.

To progress to Healer Membership, it is essential to attend The Healing Trust's Courses Parts 1-4. You will also need a Mentor/Sponsor who must be a Healer Member. Your Mentor/Sponsor supports and guides you on your Healing path and will advise you on your application for Healer Membership. This is granted after successful attendance at a Membership Panel.

All Healer and Student Members based in the UK pay a premium for public liability insurance, included in their annual subscription, which is a condition of UK Membership. Applicants for overseas membership must make their own arrangements for insurance.

As a first-year student your concessionary joining fee is £30. Your membership is valid for 12 months from the 1st of the month in which you join us.

It is obligatory to join The Healing Trust prior to commencing Part 1 of the Training programme.

NB: this concession only applies to New Students in their first year of Membership. Subsequent renewals will be at the Student rate, currently £60 per year.

PAYMENT

Payment can be by cheque or by credit/debit card direct via the Office.

CHECKLIST – IMPORTANT!

- Please tick:**
- Has your referee completed, signed and dated their part of the form?
 - Have you signed and dated the declaration?
 - Have you made the correct payment?

We look forward to welcoming you.

ADDITIONAL INFORMATION

How did you hear about The Healing Trust?	
Do you have any complementary therapy qualifications? If so, please list.	
Do you have any other qualifications?	
Who is your Tutor?	

DECLARATION

- I wish to apply for registration as a Student Member and, if accepted, I agree to abide by the Constitution and the Code of Conduct of the organisation.
- I am 18 years of age or over.
- The Referee section overleaf has been completed.
- I have not been refused admission to or expelled from any other Healing organisation.
- I have not been convicted of any criminal offence, other than motoring, nor have prosecutions pending.
- I do not suffer from mental health problems.
- I accept that for my insurance to be valid I may not give healing to the public until I have completed Parts 1 & 2 of The Healing Trust Training Course unless under the supervision of a Healer Member.
- To the best of my knowledge the information given on this form is accurate.
- I agree to be contacted by post / email / telephone (*please delete as appropriate*)
- I agree to my details being held on file by The Healing Trust, and my contact details to be shared with my Regional Committee to provide services associated with my membership.

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.

Charity Gift Aid Declaration

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

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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:

STUDENT MEMBERSHIP REFEREE FORM

REFEREE (Character Reference)

Declaration for Referee

In agreeing to be a Character Referee for
I acknowledge that I am helping to maintain standards and ethics of membership of The Healing Trust by confirming the applicant's suitability to become a Healer.

I declare that I have known the applicant for a minimum of 2 years. I am not a close relative and confirm s/he is, to the best of my knowledge, of good character. I am not aware of any reason why s/he should not be accepted as a Student Member.

Surname:		Forename(s):		Title:	
Address:					
County:		Country:		Postcode:	
Home Tel No:			Mobile:		
Email (please print clearly) <i>To lessen costs and our impact on the environment, much of our correspondence is via email.</i>					
Your Relationship to the Applicant:					
I confirm that I am over 18 years of age.					
Signed:				Date:	

Please note that anyone undergoing treatment for (or who may be believed to be suffering from mental health problems is advised not to undertake Healer Training.)

Office Use Only	
Payment Received:	Membership Card Issued: