



Promoting Healing as a Natural and Holistic Choice for All

Application for Student Membership

Please **PRINT CLEARLY** throughout and complete **FULLY** all relevant parts

PERSONAL CONTACT DETAILS

Surname	Mr/Mrs/Ms/Miss/Title	
Forename	Initials	Date of birth
Address		
County	Postcode	Country
Tel No (daytime)	Mobile No	
Occupation		
Email (please print)		

Bull End, 1 Strixton Manor Business Centre. Strixton. Wellingborough, Northants NN29 7PA
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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 one person who is able to 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.

For the first year a concessionary joining fee of £25 is available to all new Students. (This represents a saving of £45 compared to the previous joining fee.) It is obligatory to join The Healing Trust prior to commencing Part 1 of the Training programme.

The membership year runs from April 1st to March 31st of the following year. Students who join in the first year between October and January (inclusive) pay £15.00. Joining from February to March entails paying a full year's subscription - £25.00 - but the fee provides membership for the remainder of the current year and the whole of the next membership year (14 months.)

NB: this concession only applies to Students in their first year of Membership

PAYMENT

Payment can be by cheque, online using PayPal, or by credit or debit card direct to Central Office.

CHECKLIST

- 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 greatly look forward to welcoming you to our Membership

ADDITIONAL INFORMATION

How did you hear about The Healing Trust?	
Do you have any complementary therapy qualifications?	
Have you 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 sent on to my Regional Committee so as 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

I confirm I want to Gift Aid this donation and any donations I make in the future until I advise you to the contrary.

Signed

Date

Thank you on behalf of The Healing Trust, for your completion of this Gift Aid Declaration.

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.

I agree to discuss the application by telephone if required and/or complete a questionnaire on the applicant if asked to do so.

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.

Surname	Forename	Initials
Address		
County	Postcode	Country
Tel No (daytime)	Mobile No	
Email (please print)		
Your relationship to the applicant		
Signature	Date	

PAYMENT – please tick

- 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