



**THE ASSOCIATION FOR THERAPEUTIC HEALERS**  
**FULL MEMBERSHIP APPLICATION FORM**

Please read carefully and write clearly

**NAME:**

**ADDRESS:**

**POST CODE**

**TEL: Home:**

**Work:**

**Mobile:**

**Email address**

**Website:**

**OCCUPATION/PROFESSION:**

**AREAS OF SPECIALISATION:** (if appropriate)

**MEMBERSHIP OF OTHER ASSOCIATIONS:**

**HEALING EXPERIENCE & TRAINING:** *Please include copies of all relevant Certificates/Diplomas with your application.*

**THERAPEUTIC SKILLS :** Please include Training or work experience with Qualifications & dates and include copies of all relevant Certificates/Diplomas with your application.

**Please indicate if you wish to be included on the following-**

**THE PUBLIC REGISTER** YES NO

**THE MEMBERS NETWORKING LIST** (*circulated to members only*) YES NO

**DO YOU WISH TO BE LISTED ON THE ATH WEBSITE** YES NO

**DO YOU REQUIRE HEALING ONLY INSURANCE VIA ATH?** YES NO

Full members of ATH are covered by Insurance, for Healing only via Balens if required. This is included in Full membership fee but we need to notify our insurers of your name if you require insurance.

*THE INFORMATION CONTAINED IN BOXES BELOW WILL BE PRINTED IN THE ATH REGISTER OF HEALERS AND WILL BE AVAILABLE TO THE PUBLIC VIA OUR WEBSITE. HEALERS ARE LISTED AREA OR POSTCODE. Do not complete if you do NOT wish to be included on the ATH website.*

<p><b>NAME</b></p> <p><b>COUNTY OR LONDON POSTAL DISTRICT</b></p> <p><b>TELEPHONE NUMBER</b></p> <p><b>EMAIL ADDRESS</b></p> <p><b>WEBSITE</b></p> <p><b>PLEASE LIST AREAS OF SPECIALISATION OTHER THAN HEALING:</b></p>
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**FOR THE THERAPIES ABOVE I AM INSURED WITH:** *Please include a copy of your current insurance form with your application.*

<p><b>YOUR WORK:</b></p>
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**HOW LONG HAVE YOU BEEN IN PRACTICE AS A HEALER?**

**HOW DO YOU GET SUPPORT FOR YOUR WORK? IS IT WITH SUPERVISION? IF SO IS IT PEER, GROUP LED OR 1-1?** (*at the moment supervision is not mandatory for Full members but we do encourage it.*)

**IF YOU HAVE MORE THAN ONE MODALITY/ WAY OF WORKING CAN YOU TELL US WHY THAT MIX AND HOW THOSE MODALITIES INFORM YOUR WORK.**

**PLEASE WRITE A FEW WORDS ON YOUR PHILOSOPHY OF HEALING.**

**IS THERE ANYTHING ELSE THAT YOU WOULD LIKE TO SAY ABOUT YOURSELF?**

HAVE YOU READ THE ATH CODE OF CONDUCT AND ETHICS?

YES NO

ARE THERE ANY QUESTIONS OR QUERIES ARISING FROM READING ATH THE CODE OF CONDUCT AND ETHICS?

**PLEASE NOTE THAT BY SIGNING THIS APPLICATION FOR FULL MEMBERSHIP OF ASSOCIATION FOR THERAPEUTIC HEALERS YOU ARE AGREEING TO COMPLY WITH OUR CODE OF CONDUCT AND ETHICS, AND WITH ATH REQUIREMENTS FOR ANNUAL CPPD (CONTINUING PERSONAL & PROFESSIONAL DEVELOPMENT)**

**SIGNATURE:**

**DATE:**

**PLEASE SUPPLY US WITH DETAILS OF YOUR SPONSOR OR REFEREE.** *Your proposers will be contacted directly to confirm that they have signed the form in support of your application. Your sponsor/referee can be another professional eg therapist, supervisor, trainer, mentor, GP, or an ex client. Contact us if you are unsure.*

**1<sup>st</sup> Proposers Signature, Contact details & date signed**

Relationship to the applicant.

**2<sup>nd</sup> Proposers signature, Contact details & date signed**

Relationship to the applicant.

***If there is not enough room on the form for your responses do include them on additional paper.***

**PLEASE SEND COMPLETED FORM AND FEE WITH RELEVANT DOCUMENTS to:**

**ATH Membership Secretary, 110a Alexander Road, Islington, London, N19 4JN**

Tel: 07480300507 e-mail: enquiries@healers-ath.org

ATH website - [www.healers-ath.org](http://www.healers-ath.org)

Membership subscriptions are renewable annually on 1<sup>st</sup> March.

**Have you included all of the certs, diplomas, forms?**