

## UK HEALERS - APPLICATION FORM

### 1. GENERAL INFORMATION

Organisation Name

Short Description of Organisation

Length of time your organisation has existed

If you have a website, please give address

Geographic area(s) your organisation covers and number of centres/  
establishments

#### **Type of Organisation:**

Please tick all of those that apply. Complete the later sections of this form that apply to the boxes ticked.

- Spiritual Healer Membership - complete section 3
- Spiritual Healer Training / Assessment - complete section 4
- Spiritual Healer Employer / Clinic - complete section 5
- Representation of the public - complete section 6

## **2. APPLICANT'S DETAILS**

(In case we need further information)

**Name**

**Position Held**

**Postal Address**

**Telephone Number**

**E-Mail address**

## **3. MEMBERSHIP ORGANISATION**

Please complete this section if you ticked the Membership Organisation Box.

**Number of Full Healer Members**

**Number of Trainee Healers**

**Percentage of total members represented by Full and Trainee Healer members**

**What other types of membership do you support?**

## **4. TRAINING/ASSESSMENT ORGANISATION**

Please complete this section if you ticked the Training/Assessment Organisation Box.

**Summary of Training courses and Assessment Methods**

**Number of Healers trained per year**

**Percentage of all students represented by healers**

### **5. EMPLOYER / CLINIC**

Please complete this section if you ticked the Employer / Clinic Box.

**Number of healers employed/ used during year**

**Percentage of all therapists that you employ/use represented by healers**

**Type of other therapists/therapies employed/provided**

### **6. REPRESENTATION OF THE PUBLIC**

Please complete this section if you ticked the Representing the Public Box.

**Please state how you represent the public**

### **7. EVIDENCE OF ORGANISATIONAL QUALITY**

**How does your organisation aim to achieve Excellence in Spiritual Healing  
(You may enclose leaflets as evidence if you wish)**

### **8. SPONSORSHIP**

**Name two individuals known to UK Healers outside of your organisation who support your application:**