



# UK Healers Membership Application

## 1. GENERAL INFORMATION

**Organisation Name**

**Short Description of Organisation**

**Length of time your organisation has existed**

**If your organisation has a website, please give address**

**The geographic area(s) your organisation covers and number of centres/  
establishments**

**Type of Organisation:**

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

- |  |                          |                      |
|--|--------------------------|----------------------|
| Spiritual Healer Membership              | <input type="checkbox"/> | - complete section 3 |
| Spiritual Healer Training and Assessment | <input type="checkbox"/> | - complete section 4 |
| Spiritual Healer Employer or Clinic      | <input type="checkbox"/> | - complete section 5 |
| Representation of the public             | <input type="checkbox"/> | - complete section 6 |



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## 2. APPLICANT'S DETAILS

**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 of your organisation who are 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 of your organisation who are training to be healers**



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### 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

**What value do you place on your organisation's reputation and how do you ensure that this is achieved.**

### 8. SPONSORSHIP

**Please provide the names and addresses of two individuals known to UK Healers outside of your organisation who support your application.**

**On completion please send to:**

UK Healers, Lupton House, Churston Ferrers, Brixham, Devon, TQ5 0LD