



THE GUILD OF PROFESSIONAL HEALERS MEMBERSHIP APPLICATION FORM

Membership runs for 12 months from the date of processing .Copy documents to support your application must be submitted with this application. For practitioner members, a copy of your current public and practitioner liability insurance certificate must be submitted with your application (unless applied for at the same time)The information on this form is protected by the Data Protection Act 1998

Title	First Name	Surname
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Address		
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Town	County	Post Code
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Home Tel No	Mobile No	email
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D.O.B	Sex (delete as applicable) M/F	Occupation
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Membership category applied for (please read requirements given on separate sheet)	Full member <input type="checkbox"/>	Associate member <input type="checkbox"/>	Affiliate member <input type="checkbox"/>
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Full members only: Please complete the following section if you wish to be included in the Guild's practitioner listings and appear on our Find a Healer data base

Location: Town	County	Post Code
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Tel No 1	Mobile 1	Email
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Tel No 2	Mobile 2	Website
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Details Of Training:

Please forward photocopies of certificates with your application. **DO NOT SEND ORIGINALS**

Please note that all training must have been in person (distant teachings are not accepted.)

Please confirm that you meet the initial criteria specified in the Guild's Education & Training Standards for the level of membership applied for. Please tick here

If you do not fully meet the criteria but wish for your application to be considered on a discretionary basis, please explain your reasons fully on a separate sheet and attach to your application.

Please specify what evidence you will be providing at interview that confirms you meet the requisite criteria

Please confirm your willingness to attend an interview and or assessment Please tick here

Main styles of healing currently practised?

What other organisations are you a member of?

Where did you hear of the Guild?

Payment :	
Membership subscription (see separate sheet for rates)	£
Optional donation to the GPH which is asset linked into 'The Sam Buxton Sunflower Healing Trust. Registered Charity no 1115614	£
Total amount to be paid	£
Acceptance of payment does not signify an application for membership of the Guild has been approved. If an application for membership is not approved by the Guild, a refund of the application fee will be made less £5 to cover administrative and postal costs etc.	
Enclosures: Please tick relevant boxes below	
<input type="checkbox"/> Cash / postal order/cheque noMade payable to 'The Guild of Professional Healers'	
<input type="checkbox"/> Photocopy of certificates	
<input type="checkbox"/> Copy of current public liability insurance	
<input type="checkbox"/> I confirm an application for insurance has been sent to Balens (Practitioners only)	
Have you ever been convicted or charged with any arrestable criminal offence in the UK or elsewhere for which a fine or custodial penalty is imposed Yes / No (Please delete as applicable)	
I further declare that I have not been refused membership of any professional body or register in a related field on the grounds of professional misconduct and have no complaints or prosecutions pending Please tick here to confirm this statement <input type="checkbox"/>	
I further confirm that all relevant teachings have been in person (<u>distant teaching not accepted</u>) Please tick here to confirm this statement <input type="checkbox"/>	
I hereby confirm that I have read and understood the Guild of Professional Healers Standards of Conduct, Performance & Ethics, the Guild's Education & Training Standards and all associated and incorporated documents referred to therein. I confirm my agreement to abide by them if my application for membership is accepted by the Guild. I also note that any failure to do so may result in disciplinary action.	
SignedDated	