



Please read the application guidance notes CAREFULLY before completing this application form. Please use **BLOCK CAPITALS** throughout and complete fully ALL relevant parts.

PERSONAL CONTACT DETAILS

Student Membership No					
Title		Forename		Surname	
Name to Appear on Healer Certificate					
Address					
County			Country		
Postcode			Email (please print)		
Tel No			Mobile No		
Date you began your THT Part 1					

HEALING COURSES – DATES

Healing Course	Date(s) Attended	Tutor
Part 1 Only		
(Parts 1 & 2 Combined)		
Part 2		
Part 3		
Part 4		

MENTOR(S) if relevant (see Application Guidance Note 1)

Title		Forename		Surname	
Mobile No					
Email (please print)					

Title		Forename		Surname	
Mobile No					
Email (please print)					

Title		Forename		Surname	
Mobile No					
Email (please print)					

Client Testimonial Forms (see Application Guidance Note 2)

Client Testimonial Forms sent to your clients must be returned by the client directly to your tutor who will anonymise them before sending them to the Office.

PANEL PREFERENCES – PLEASE CONFIRM

My preference is		
Online		This is usually quicker to arrange with no distance/location barriers.
In Person		Can take longer to arrange and can incur travel expenses For an 'In Person' Panel please confirm where or how far you are willing to travel:
If you have any special requirements that the Panel should be aware of, please mention them below.		

DECLARATION

- To the best of my knowledge, the information given on this application form is accurate
- I am 18 years of age or over
- If accepted for membership, I agree to abide by the Code of Conduct of The Healing Trust and familiarise myself with the Memorandum and Articles and Standing Orders. (Please see the THT website)
- I have not been refused admission to, or expelled from, any other healing organisation
- Clients detailed in Part 2 are prepared to confirm in writing that they have experienced healing from me as a spiritual healer, and I accept they will be contacted direct by the Office
- As far as I am aware I have no medical condition/physical or emotional health difficulties which would prevent me from fulfilling my obligation under the requirements of The Healing Trust's Code of Conduct

Signed _____

Dated _____

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.

PAYMENT – please tick (see Application Guidance Note 3)

Please remember to enclose your **upgrade fee for the amount £40.00**

Please indicate below which payment method you have chosen:

☐

Credit or Debit Card

(please call the Office Monday to Thursday between 10 am and 4 pm with details)

☐

Cheque (payable to The Healing Trust)

☐

Gift Aid – please only complete and return this part if the form is applicable to you.



GIFT AID DECLARATION

BOOST YOUR DONATION BY 25p In GIFT AID For EVERY £1 YOU DONATE

- If you are UK taxpayer, you can use Gift Aid to make your membership subscription and donations go further.
- Gift Aid is reclaimed by the Charity from the tax you pay for the current year.



For us to be able to claim Gift Aid please complete this declaration.

NB: Your address is needed to identify you as a UK taxpayer.

To Gift Aid your donation please tick the relevant box below:

- ☐ I want to Gift Aid my membership subscription/donation of £ _____ to the National Federation of Spiritual Healers (NFSH)/The Healing Trust
- ☐ I want to Gift Aid my membership subscription/donation made today and ALL membership subscriptions/ donations I make in the future to the National Federation of Spiritual Healers (NFSH)/The Healing Trust
- ☐ I want to Gift Aid my membership subscription/donation made today and any membership subscription/donations I make in the future or have made in the past 4 years to the National Federation of Spiritual Healers (NFSH)/The Healing Trust

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference to HMRC.

Title		Full Name	
Full Home Address			
		Postcode	
Signed		Date	

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code. **Thank You**