



## CPD PROPOSAL FORM

<b>Tutor:</b>		<b>Membership No:</b>	
<b>Address:</b>			
		<b>Postcode:</b>	
<b>Email:</b>		<b>Contact No:</b>	

<b>Workshop / Seminar / Lecture Title:</b>	
<b>Venue:</b>	<b>Duration (hours/days):</b>
<b>Proposed Dates (if known):</b>	

**This Course is suitable for (please tick box where appropriate):**

<b>Students (min. Parts 1 &amp; 2)</b>	<b>Healer Members</b>	<b>Experienced Healers</b>	<b>Non-Members</b>	<b>Trainee Tutors</b>	<b>Tutors</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please complete the sections below. Include additional sheets if necessary.**

**General Content:**

**Learning Outcomes – what do you hope participants will achieve?**

**Timetable / Programme / Planned Activities (where applicable):**

**Materials / Handouts / Notes to be supplied (please provide copies):**

**Recommended Reading or Follow-Up Work for Participants:**

**Formal Training / Course Attended / Relevant Experience in Respect of this Proposal:**  
*(please provide copies of relevant certification)*

**Signed:**

**Date:**

**Name (please print):**

**Please return this form to:**

The Office Manager

The Healing Trust, Bull End, 1 Strixton Manor Business Centre, Strixton, Northamptonshire. NN29 7PA

Email: [office@thehealingtrust.org.uk](mailto:office@thehealingtrust.org.uk)