

THE GREENWICH NATURAL HEALTH CENTRE

PRACTITIONER APPLICATION FORM

| | |
|---------------------------------------------|--|
| FULL NAME | |
| HOME ADDRESS | |
| TELEPHONE | |
| EMAIL ADDRESS | |
| DATE OF BIRTH | |
| THERAPY | |
| DATE QUALIFIED | |
| QUALIFICATION/S HELD | |
| PRACTISING SINCE | |
| PROFESSIONAL REGULATING BODY | |
| MEMBERSHIP NUMBER / REFERENCE | |
| INSURANCE COMPANY | |
| INSURANCE EXPIRY DATE | |

THE GREENWICH NATURAL HEALTH CENTRE

PROPOSED SESSIONS:

Morning session: 08:30 – 12:30

Afternoon session: 13:00 – 17:00

Evening session: 17:30 – 21:30

| Session | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|------------------|-----|-----|-----|-----|-----|-----|-----|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

(Please tick appropriate box/es)

PROPOSED THERAPY FEES :

| Appointment type | Duration in minutes | £ Fee |
|---------------------------------------------|---------------------|-------|
| Adult first appointment (new client) | | |
| Adult subsequent appointments | | |
| Child first appointment | | |
| Child subsequent appointments | | |
| Concessions available | Yes | No |

Signature:.....

Date:.....