

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:.....