



www.therapiesunited.com

Therapies United - Registration Form

Please complete this form in dark ink. All information is treated in confidence. Please do not withhold, falsify or omit relevant information as this may result in your registration being refused or your entry being removed from the register.

PERSONAL DETAILS

Forename	Surname
Address: Post Code:	Daytime No. (this is the number which will be featured on your register entry).
	Mobile No.
	Email address
	Website
Date of Birth	Gender
What date did you start work as a complementary therapist? (approx)	

PROFESSIONAL QUALIFICATIONS

Please list all the therapies in which you are qualified to practice. Continue on a separate sheet if required). Copies of all certificates for the highest level attained in each therapy must also be included.

Therapy	Name of School/College	Duration of Course	Qualification & Date Received
1			
2			
3			
4			
5			
6			
7			
8			

Please select the primary therapy you wish to be listed under and put this in box No. 1. This will appear in the main category section of the website register. Your other therapies will also be highlighted.

FIRST AID AND OTHER RELEVANT TRAINING

Please list additional training and qualifications appropriate to this application, including *first aid , *disclosure checked or Continuous Professional Devt. (* You must provide copies of these to include them on your profile).

Training	Name of Trainer	Date Completed	Renewal Date

PROFESSIONAL MEMBERSHIPS

Please list all relevant associations of which you are a member - please include copies of these for inclusion in profile

Name of professional Body	Accreditation Letters	Membership No.	Renewal Date

Please remember to include copies of any professional membership information listed here.

PROFESSIONAL INSURANCE

Please complete this section to confirm your insurance cover. A copy of your insurance cover must also be attached with your application. Please ensure that your insurance lists the therapies you practise - we can only list therapies you are insured to practise.

Name & Address of Insurer			
Limit & Type of Liability (£)		Exact Expiry Date of Policy	
Has any insurer ever cancelled, declined, refused to renew, or accept on special terms your professional insurance?	No Yes Please give details		
Have any claims been brought against you, or are any claims pending, regarding your work as a therapist? If yes, please give details.	No Yes Please give details		

MORE INFORMATION ABOUT YOU!

This section gives you the opportunity to list any experience or training of a specialist nature (eg cancer). In agreement with Maggie's Centre, this may be included in the specialist area of the register. Please also give any other information which may be of use to potential clients with or recovering from cancer. Please complete on a separate sheet if necessary. For evidence of working with cancer, children or pregnancy - you must require evidence (eg training certs and/or client testimonials).

DATA PROTECTION STATEMENT

The personal information you have provided both on this registration form and the supplementary evidence will be used by Therapies United for Registration purposes.

If your registration form is processed successfully, the same information will be retained as part of your registration and may be included as part of your online profile publicly accessible on the Internet and Manual Register.

By submitting this registration form, you are consenting to our processing this information for the purposes listed above and as described in detail in our Terms and Conditions - available on request.

If your registration is unsuccessful, the information will be retained for 12 months, after such time it will be destroyed.

THERAPIST DECLARATION

I hereby declare and warrant that all the information provided on this form and any supporting documentation attached herewith, in all respects are complete and true to the best of my knowledge, that they are material, and that I haven't suppressed or misstated any material facts. I understand that this form and the supporting documentation can be treated as part of the registration process for Therapies United and any false information may result in my application being refused or my entry being removed from the register. I also confirm that I have read and understand the Data Protection Statement contained within this document.

Signed:

Date:

SELECT YOUR REGISTRATION CHOICE FROM THESE OPTIONS

1	I wish to be listed on the following Maggie's centre register	<p>(please select one)</p> <p>Edinburgh/Kirkcaldy/Dundee/Inverness/Glasgow/Lanarkshire</p> <p>(please note that your details will also be included in the SAMH register, Sick Kids Hospital and other Partner Organisations)</p>	<p>¹£59 (registration fee)</p>
2	<p>(please select one)</p> <p>I wish to be listed on <i>additional</i> Maggie's centre register</p>	<p>(please select one if appropriate)</p> <p>Edinburgh/Kirkcaldy/Dundee/Inverness/Glasgow/Lanarkshire</p>	<p>£25 (annual fee)</p>
3	I wish to be included on therapy taster/workshop register - (this section of the register is a separate marketing opportunity offering paid promotional work).	<p>(please select one if applicable)</p> <p>*Annual Or Monthly Fee (ensure you have enclosed the standing order with your application)</p>	<p>£7.50/month (standing order)</p>

¹ Reduces by £10 after 12 months if you continue membership.

*25% discount for annual pre-payment. Please add the payment to your registration fee or we can organise an online payment.

CHECKLIST

In order to process your registration form, you will need to provide the following documentation. Any missing information may delay or prevent the completion of your registration.

- | | |
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| <ul style="list-style-type: none">• Copies of all supplementary evidence including certificates of the highest qualifications attained and professional memberships.• Copies of your current valid insurance, detailing therapies covered (this must cover all therapies you wish listed on the register). | <ul style="list-style-type: none">• Registration fee £59 which is only processed on completion of the registration process and is non-refundable• Additional centre fee (if applicable) <p>(cheque payable to “Feel Good Therapies - ref Therapies United”)</p> <ul style="list-style-type: none">• Signed Terms and Conditions• Selected your registration choices from the options above.• Completed standing order - if wishing to offer workshops/taster |
|--|--|

Please ensure you have completed the registration form and provided everything we need.

Please ensure that you provide enough postage on the application to support it (as underpaid items will not be accepted).

Please ensure that you enclose a signed copy of the terms and conditions enclosed (or available on the website).

Please return completed registration forms with all supporting information to:
Therapies United, c/o Feel Good Therapies Ltd, 35 Balgreen Avenue, The Courtyard
Edinburgh, EH12 5SX Cheques payable to ‘feel good therapies ltd’ or contact us by
email and you can pay by bank transfer.

Thank you for taking the time to complete this registration form. We will endeavour to contact you within 14 days of receipt of this form. If you have any further questions - please email in the first instance on info@therapiesunited.com

Please note that therapists on Therapies United are encouraged to offer each other discounts on therapies.

As a Therapies United member, you will also receive discounts on print buying, website development and Continuous Professional Development workshops too.