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Application Form for Practitioners

Name Date

Address

..... Postcode

Daytime phone no Mobile phone no

Email address

Therapy you wish to practise

How did you hear about Women + Health?.....

1. Why do you want to work at Women and Health?

2. If you have had any previous experience of working in a women-only environment please tell us about it.

3. Are you currently involved with Women + Health in any other capacity? If you are, please explain what it is.

4. In which therapy/ies or other relevant practices are you qualified, experienced or training?

5. Please give details of your professional training and qualifications, including dates, places of training and a brief outline of the course. Please continue on a separate sheet if necessary.

6. What complementary therapy professional association(s) do you belong to?

7. Please tell us about any particular expertise you have in women's health issues.

8. What experience or understanding do you have of working with women from different racial and cultural backgrounds, ages, disabilities and sexual orientations?

9. Do you speak any languages that might be relevant to minority ethnic communities in the area?

10. Do you have, or have you had in the last five years, any physical or mental illness that might affect your work as a practitioner? If so, what is it, and how might it affect your work?

11. Have you ever been convicted for any criminal offence? Please explain, including dates.

12. Please name two referees we can contact before making an appointment.

Name.....
Address.....
.....
.....
Phone no:.....
Email:

In what capacity do you know this person?

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Name.....
Address.....
.....
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Phone no:.....
Email:.....

In what capacity do you know this person?

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13. Please tell us anything else about yourself that you feel is relevant to your application. Please continue on a separate sheet if necessary.

Thank you for filling in this form. Please send it back to the address at the top of this form, enclosing copies of your qualification and insurance certificates and, if you a registered practitioner, your registration certificate(s). If you would like confirmation that we have received your application please enclose a stamped self-addressed envelope. Thank you.