Therapist Application Form

Please complete all sections (in BLOCK capitals) and email it back to: info@zenonsite.com

1. Your Details

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web Address (if you have one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Your Services

Please list the therapies in which you are a qualified practitioner

(therapy - school where you qualified - qualification date)

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Where do you usually provide your services? (e.g. Your Home; Salon, Client’s Home, etc.)

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Which geographical would you travel to for a booking? (e.g. 10 mile radius from your home)

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3. Mobile Equipment & Transport:

Do you have your own portable equipment for the therapies you provide: YES - NO

Do you have your own car/van: YES - NO

4. Qualifications Certificates

Please enclose a copy of your certificates with your application.

5. Photographs:

Please email a recent photograph

6. Insurance

You are required to have adequate liability insurance cover for the therapies you provide. Please include a copy of your insurance certificate with this application.

7. Claims & Convictions

Have you ever been convicted if a criminal offence? [ ] yes [ ] No - If yes, please give full details and include nature of offence and date.

Have any claims been brought against you, or any are claims pending, regarding your work as a therapist? [ ] yes [ ] No

8. Declaration

I hereby state that all the information provided in this application form is correct and I have not withheld any factual information. I give my permission for Zen Onsite to hold this information on file on a computer database. I have read and understood and agree to abide by the Terms and Conditions of Zen Onsite.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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