



HEALER TRAINER REGISTRATION FORM

REGISTER HEALER TRAINER

I recommend that the person named below be added to the Spiritual Pathway Healing Association Register of Healer Trainers.

It is a SPHA requirement that the member named below has attended and completed a SPHA Listening Skills Course.

The applicant will have assisted with a Trainee Healer-Training Course in the past.

Name of applicant.....Healer number...H.....

He/she has assisted with a SPHA Trainee Healer-Training course run by:

(Healer Trainers name and No).....from.....to.....

I enclose a reference from the applicant's Healer trainer or other suitable referee.....Yes/No

If experience has been gained with another body or organisation please give details below.

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.....

.....
Signed.....(Healer Trainer) Continue overleaf if required

Date.....

Printed.....H.....(Healer Trainer)

Please send your completed Healer Trainer registration form to:

***John Jagla (SPHA Healing Co-ordinator)
30 Broadacres, East Coker, Yeovil, Somerset, BA22 9LW***

Tel No 01935 -862159 e-mail zjags@hotmail.co.uk www.spiritual-pathway.co.uk