



The Spiritual Pathway Healing Association

APPLICATION FOR HEALER IN TRAINING

**PLEASE COMPLETE ALL FIELDS IN BLOCK CAPITALS &
RETURN BY POST ENCLOSING CHEQUE AND PASSPORT SIZE ONE PHOTOGRAPH**

SPHA MEMBERSHIP NO: TITLE: Mr/Mrs/Miss/Ms/ Dr./ Rev./Other.....(delete as reqd.)
FIRST NAME:..... SURNAME:
ADDRESS:
.....
TOWN:..... COUNTY:..... POSTCODE:.....
HOME TELEPHONE NO:..... MOBILE TELEPHONE NO:.....
EMAIL:..... DATE OF BIRTH:.....

**PLEASE SUPPLY THE NAMES AND CONTACT DETAILS OF TWO REFEREES,
ONE OF WHOM MUST BE A FULL HEALER MEMBER OF THE SPHA (See overleaf)**

**Declaration: I agree to abide by the Code of Conduct and Constitution of the
Spiritual Pathway Healing Association**

Applicant SignatureDate...../...../.....

NAME OF HEALER TRAINER **MEMBERSHIP No**.....H.....

Please circle which is appropriate

TRAINEE HEALER MEMBERSHIP	£40.00	(April to March)
UNDER 18's, OAP'S & RECIPIENT OF DSS BENEFIT	£35.00	(April to March)
HALF YEAR FOR ALL	£30.00	(October to March)

Please Note: Each of the above membership fees include the Training Manual and Insurance & the one-off registration fee

Please Make Your Cheques Payable To: Spiritual Pathway Healing Association

Send Your Application together with your Cheque and One "Passport" Size Photograph to:

John Jagla, (SPHA Healing Co-ordinator)
30 Broadacres, East Coker, Yeovil, Somerset BA22 9LW
Tel: 01935-862159 e-mail zijags@hotmail.co.uk www.spiritual-pathway.co.uk

Registered Charity No. 1105443



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Names and contact details of two Referees

SPHA Full Healer Name.....Surname.....H.....

Reference
details.....
.....
.....
.....
.....

Signature.....Date...../...../.....

Other Referee Mr/Mrs/Ms/Other

Name.....Surname.....

Address.....
.....Post Code.....

Tel No/Mobile No.....e-mail.....

Reference
details.....
.....
.....
.....

Signature.....Date...../...../.....