



The Spiritual Pathway Healing Association

Application for Trainee Healer Upgrade To Full Healer

Title: Mr, Mrs, Miss, Ms, Other.....Name.....Healer No: **H**.....

Address

..... Post Code.....

Tel. No..... D.O.B. /..... /.....

Trainer's Name & Healer No.....

1. Trainer's assessment of the Trainee Healer's expertise.....complete overleaf. —————>
2. Contact details of 4 Patients to be provided from whom references will be sought as to the effectiveness of the Healing service given solely by Trainee Healer.
3. Listening Skills completion date...../...../.....Healer Trainer.....
4. Anatomy & Physiology (CD/DVD) completion date...../...../.....Healer Trainer.....
5. Trainee Healer's Personal Training/Attendance Record (LOG BOOK) to be submitted with this Form.

Trainer's Signature Date

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

Probationer's Signature Date

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

Telephone: 01935-862159 e-mail zjjags@hotmail.co.uk www.spiritual-pathway.co.uk

Please include £5 for administration fee, payable to the

Spiritual Pathway Healing Association



The Spiritual Pathway Healing Association

Trainer's Assessment of the Trainee Healer's expertise

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Healer Trainer.....

Membership No.....

Healer Trainer's signature.....