



THERAPIST APPLICATION FORM

Please complete all sections (in **BLOCK** capitals) and either fax it to: 020 8954 1225 or post it to, Office Wellbeing Ltd, North Lodge, 35 Little Common, Stanmore, Harrow, Middlesex, HA7 3BZ.

Any problems with any of the sections please call Paul on: 07770 551 712, or email: info@officewellbeing.co.uk

1) THERAPIST DETAILS

Full name title Mr/Mrs/Miss/Ms/other.....

Full Address.....

..... Postcode.....

Date of Birth..... Nationality.....

Tel: Work..... Mobile..... Home.....

What time is convenient to call?.....

Email address..... Web Address.....

2) THE SERVICES YOU PROVIDE

LIST THE THERAPIES YOU ARE QUALIFIED TO TREAT	QUALIFICATION YOU HAVE AGAINST EACH THERAPY	SCHOOL/COLLEGE YOU QUALIFIED AND THE QUALIFICATION DATE	DETAILS OF YOUR PROFESSIONAL MEMBERSHIP

Where do you normally provide your services? (e.g. Home, Office, Salon etc.).....

Do you usually provide your services at clients homes?.....

Have you provided your services in an office environment?.....

Where Geographically would you be happy to travel for a booking? (e.g. within a 20 mile radius from your home)

What Hours and Days do you prefer to work?.....

What days and hours could you work?.....

Office Wellbeing generally offer a 15 or a 30 minute treatment to their clients of the following therapies.

Please tick YES or NO if you can carry out the following treatments.

Indian Head Massage (No oils, Client fully clothed)

15min and 30 min

Yes No

On-Site Chair Massage (No oils, Client fully clothed)

15min and 30 min

Yes No

Reflexology

30 min

Yes No

Reiki

30 min

Yes No

Manicure

15min and 30 min

Yes No

Pedicure

15min and 30 min

Yes No

What other treatments can you provide and what is the requirement time for each?

3) MOBILE EQUIPMENT AND TRANSPORT

Do you have your own mobile/Portable equipment?

Yes No

If yes what equipment do you have?

Do you drive and do you own a car?

4) TALKS

Could you talk to an audience of 1-20, about the services Office Wellbeing offer and the general health issues in offices, e.g. stress, RSI, posture etc.

5) QUALIFICATION CERTIFICATES

Please enclose a copy of your certificates with your application.

6, PHOTOGRAPH;

Please email a recent photograph to info@officewellbeing.co.uk, if this is a problem send a recent passport sized photograph with the application form.

7) INSURANCE

You must have appropriate liability insurance to work with [Office Wellbeing Ltd.](#) Please include an up to date copy of your policy certificate with this application.

8) REFERENCES

Please include two recent references with this application with full details so we may contact them.

9) CLAIMS AND CONVICTIONS

Have you ever been convicted for a criminal offense?
If yes please provide details on a separate sheet.

Yes No

Have any claims been brought against you or are
any claims pending regarding your work as a therapist?

Yes No

I agree to the Therapists Terms and Conditions (please tick box to agree)

10) DECLARATION

I hereby State that all the information which I have provided in this application form is correct and I have not withheld any factual information. I give my permission for Office Wellbeing Ltd. to hold this information on file to use manually or on a computer database. I have read and understood and agree to abide by the terms and conditions of Office Wellbeing Ltd.

Applicants Signature.....Date.....