

Please complete this application form in dark blue or black ink. All information provided will be treated in the strictest confidence. Knowingly withholding, falsifying or omitting relevant information at any stage of the selection process may lead to subsequent disciplinary action including prosecution and the termination or invalidation of your contract.

For Office Use Only:

Date Application Received:

Reference Number:

### PERSONAL DETAILS

Forename(s):			
Surname:			
Preferred First Name:		Gender:	
Address:			
Postcode:			
Mobile Tel No:		Daytime Tel No:	
Evening Contact Tel No:		Contact Tel No (available to one-off clients after confirmation of booking):	
Web Address:			
Email Address (please complete <b>very</b> clearly):			
Date of Birth:		What date did you begin work as a professional complementary therapist?	
Do you require a work permit to work in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please attach a copy for our records, otherwise please provide your National Insurance Number: ___ / ___ / ___ / ___ / ___			

### PROFESSIONAL QUALIFICATIONS

Please list all the therapies in which you are qualified to practice or are receiving training (continue on an additional sheet as necessary). Copies of all certificates for the highest qualification reached against each therapy must also be attached.

Therapeutic Treatment:	Name of school or college:	Dates of Attendance:		Qualification Gained: <small>(If student, please write STUDENT)</small>
		From	To	

### FIRST AID & OTHER RELATED ADDITIONAL TRAINING

Please list additional qualifications relevant to your application, including First Aid and Teaching Qualifications. (Use additional sheets as necessary).

Type of Qualification:	Level Awarded	Date of Qualification	
		Date Awarded:	Expiration Date / Renewal:

## PROFESSIONAL MEMBERSHIP / REGISTRATION

Please list all the relevant professional associations of which you are a member. Please continue on additional sheets as necessary.

Name Of Professional Body:	Accreditation Letters:	Date of Membership From:                      To:	Membership Number:

## PROFESSIONAL INSURANCE

Please complete the following to confirm your insurance arrangements. A copy of your insurance cover note must also be attached.

Name of Carrier or Group Scheme:	
Limit of Liability:	Exact Expiry Date of Policy:
Has any insurer ever cancelled, declined, refused to renew, or accept on special terms your professional insurance? If yes, please provide details on an additional sheet.	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have any claims been brought against you, or are any claims pending, regarding your work as a therapist? If yes, please provide details on an additional sheet.	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

## EQUAL OPPORTUNITIES & OTHER INFORMATION

The Disability Discrimination Act, 1995, defines a disabled person as someone who has a physical or mental impairment, which has a substantial and adverse effect on the individual's ability to carry out normal day-to-day activities. We will try to provide access, and investigate opportunities where appropriate, to ensure that disabled people can operate on equal terms with non-disabled people.

Do you consider yourself to have a disability? If yes, please provide details on an additional sheet, of any arrangements or adaptations necessary for you to carry out your work.	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you currently have, or have you recently had any conditions, which may affect your work as a therapist? If yes, please provide details on an additional sheet, of any arrangements or adaptations necessary for you to carry out your work.	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

## REHABILITATION OF OFFENDERS ACT 1974

You do not generally have to disclose details of spent convictions. However, if the position you are considered for is exempt from the Rehabilitation of Offenders Act by virtue of the (Exceptions) order because it involves access to persons who are disabled, vulnerable, addicted to drugs or alcohol, under 18 or over 65, you must reveal details of convictions, spent or otherwise, however long ago these occurred. The provision of 'Health Services' to vulnerable adults may also qualify for higher level disclosures otherwise exempt, therefore we may request that you obtain a 'Subject Access Request' by contacting your local police force. Failure to disclose such convictions could result in disciplinary action, which may lead to dismissal and prosecution. Information provided will remain confidential. A conviction will not automatically bar you from consideration.

Do you have any current or previous convictions? If yes, please provide details on an additional sheet.	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

## INDIVIDUAL TREATMENTS

In order to effectively offer Therapy Vouchers around the UK, and to ensure consistency to our individual clients, we set a standard rate for your main treatment sessions when booked online. After VAT, affiliate payments, card charges, etc, are deducted, you will be paid an agreed sum of typically £25 for the first treatment. Subsequent bookings can be made directly with yourself in accordance with our Therapist Agreement at 85% to yourself. We do appreciate that you may consider some treatments should be provided at a higher rate due to their complexity or level of training required. If you are unwilling to accept our standard price offer for each therapy treatment, please indicate details on a separate sheet. You must include details of the therapy, the minimum value you are prepared to accept, and your current face value to clients. Please note that any therapeutic treatment not offered at our standard price will be considered, but may not be accepted for The Therapy Agency Online Service.

## MOBILE INDIVIDUAL TREATMENTS

These include one-hour treatments brought to a client in their home or other suitable location.

Are you able to provide this type of service? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you wish to work with clients of the same gender only? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have the portable equipment available for this type of work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have access to suitable transport to travel anywhere in the distance indicated? YES <input type="checkbox"/> NO <input type="checkbox"/>
How far are you willing to travel for a typical one hour treatment? (please calculate this radius carefully and give a figure in distance, not time, highlighting the measurement chosen)	
Miles / Kilometres*	
Please indicate your standard hours of availability for mobile treatments (for example '9am – 8pm' or 'Unavailable' next to each day):	
Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	

## THERAPY ROOM OR CLINIC AT YOUR HOME

These include one-hour treatments where the client visits the Therapy Room or Clinic at your registered home address. Clear photos of the Therapy Room or Clinic must also be provided if this facility is to be considered. If you are using a shared clinic at a separate location, please see below.

Are you able to provide this type of service? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you wish to work with clients of the same gender only? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have the equipment required for this type of work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the Therapy Room and facilities wheelchair accessible? YES <input type="checkbox"/> NO <input type="checkbox"/>
Please indicate your standard hours of availability (for example '9am – 8pm' or 'Unavailable' next to each day):	
Monday Tuesday Wednesday Thursday	Friday Saturday Sunday

## CLINIC LOCATIONS OR SHARED THERAPY ROOMS

Please note, to have a clinic or shared therapy room in addition to your home address you will be issued with a separate user account. You must be able to take bookings yourself directly (such as when the room is hired by the hour). The room must be made available for a minimum of eight hours per week. Clear photos of the Therapy Room or Clinic must also be provided if this facility is to be considered.

Address:	
Postcode:	
Are the Therapy Rooms and facilities wheelchair accessible? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you wish to work with clients of the same gender only? YES <input type="checkbox"/> NO <input type="checkbox"/>
Please indicate the standard hours of booking availability (for example '9am – 8pm' or 'Unavailable' next to each day):	
Monday Tuesday Wednesday Thursday	Friday Saturday Sunday

## ON-SITE CORPORATE TREATMENTS AND EVENTS

These include on-site Therapy Days™ within a workplace, Trade-fairs, Events, Promotional Work, and work within Health Clubs and Spas.

Do you wish to be considered for such full day opportunities? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a portable massage chair suitable for on-site work? YES <input type="checkbox"/> NO <input type="checkbox"/>
How far are you willing to travel for a typical full day of treatments? (please calculate this radius carefully and give a figure in distance, not time, highlighting the measurement chosen)	
Miles / Kilometres*	
Do you have access to suitable transport to travel anywhere in the distance indicated? YES <input type="checkbox"/> NO <input type="checkbox"/>	
When are you typically available for onsite corporate treatments and events?	
Weekdays: YES <input type="checkbox"/> NO <input type="checkbox"/> Evenings: YES <input type="checkbox"/> NO <input type="checkbox"/> Weekends: YES <input type="checkbox"/> NO <input type="checkbox"/>	

## REFERENCES

Please give the details of two referees who can confirm that you meet the selection criteria for the position as a therapist sub-contractor. If you are (or have recently been) employed, one should be your current or last employer. If you are (or have recently been) a student of complementary therapies, one should be a tutor/lecturer from your place of study. References will normally be requested immediately after your satisfactory interview, please ensure that they are expecting to provide a reference. These details will only be used for the purpose of following up references, and will not be used in any other way.

If successful in your initial application, you will also be asked to provide at least three completed treatment evaluation forms from your current clients as indications of the quality of service provided by yourself. Five blank evaluation forms will be sent to you after your initial application is processed.

### REFERENCE 1

Name:	
Miss / Ms / Mrs / Mr / Dr	
Job Title or Position:	Trading Name (as applicable):
Address:	
Postcode:	
Daytime Contact Tel No:	Email Address (please complete <b>very</b> clearly):
Please describe in what capacity this person knows you:	
How long has this person known you?	FROM: TO:

## REFERENCE 2

Name:

Miss / Ms / Mrs / Mr / Dr

Job Title or Position:

Trading Name (as applicable):

Address:

Postcode:

Daytime Contact Tel No:

Email Address (please complete **very** clearly):

Please describe in what capacity this person knows you:

How long has this person known you?

FROM:

TO:

## MORE INFORMATION ABOUT YOURSELF – PERSONAL PROFILE

Please attach to your application, a personal profile. This section is to provide you with an opportunity to sell yourself to potential clients via The Therapy Agency website and should describe, in **no more than 250 words**, a little more about your background, and what clients can expect when they visit you for a treatment. This is not to sell yourself to The Therapy Agency, but to sell your personality, technique, style and experience to your potential clients. If you are successful in your application, your personal profile will form a substantial part of your online profile listing with the Therapy Agency Service in both the Individuals' Search Facility, and our Business Booking Facilities for Corporate Clients.

Personally identifiable information cannot be included in your profile, therefore, please do not include your contact details, your surname, membership of professional bodies or the colleges where you studied, etc. Please review more about this on [www.therapy-agency.co.uk/therapists/profile.html](http://www.therapy-agency.co.uk/therapists/profile.html)

## SUPPORTING INFORMATION

You will need to provide the following documentation. Any missing information may delay or prevent the processing of your application.

- A short covering letter on headed paper, detailing where you heard of The Therapy Agency and anything else you feel we should know about you.
- A printed copy of your personal profile, explaining in more detail why individual clients should choose you for a treatment (as detailed above).
- A copy of your up-to-date Curriculum Vitae so we can find out more about your background and work history, to help enable suitable placements.
- A sample of any brochures, leaflets, cards, or standard aftercare notes you currently provide to clients.
- Copies of all Supplementary Evidence, including certificates of the highest qualifications reached.
- Copies of your current valid insurance coversheet, detailing where possible therapies covered by the proposal.
- Clear photos of all the Therapy Rooms or Clinics you plan to work from (and have indicated above). These may form part of your online profile.
- At least one clear recent portrait style photo of yourself (suitable for scanning) wearing what you would wear to provide professional treatments. If your application is successful, your photos will also form part of your online profile.

## THERAPIST DECLARATION & DATA PROTECTION STATEMENT

- I understand that the personal information I have provided both on this application form, and in the supplementary evidence, will be used by The Therapy Agency for Recruitment and Administration Purposes, including that information defined as "sensitive" under Data Protection legislation.
- If my application is successful, I understand the same information will be retained as part of my application and may be included as part of my online profile, publicly accessible on the Internet and our online booking facilities. If unsuccessful, my application will be retained for 12 months.
- I hereby declare and warrant that all the information provided on this form and any supporting documentation attached herewith, in all respects are complete and true to the best of my knowledge, that they are material, and that I haven't suppressed or misstated any material facts.
- I understand that this form and the supporting documentation can be treated as part of a subsequent contract, and any false information may render any further business contracts or considerations invalid and may lead to prosecution.
- I have read and understand my obligations and responsibilities under The Therapy Agency's Terms and Conditions [www.therapy-agency.co.uk/terms/](http://www.therapy-agency.co.uk/terms/) including, but not limited to, the Therapist Consultant Agreement, and Code of Ethics and Practice of The Therapy Agency.

Signed:

Date:

Please ensure you have enough postage to support the weight of your application, as underpaid items will not be accepted, and will be returned to the sender. (Often, three 2<sup>nd</sup> class stamps are sufficient for most applications up to 250grams)

If you have further questions, answers to our most common queries can be found on the website:  
[www.therapy-agency.co.uk/therapists/faq.html](http://www.therapy-agency.co.uk/therapists/faq.html)

Please return completed applications with all supporting information as indicated above, to:  
New Applications, The Therapy Agency, 16 Mays Lane, Earley, Reading, RG6 1JX

# EQUAL OPPORTUNITIES & APPLICATION MONITORING

The Therapy Agency recognises that discrimination on the grounds of disability, race, gender, health, social class, sexual preference, marital status, nationality, religion, employment status, age, or membership or non-membership of a trade union is unacceptable and has a clear commitment to bring about equality of opportunity to clients, employees, and contractors wherever possible.

In order to effectively monitor this commitment, you are asked to complete the form below. If you do not complete this section, your application will still be considered.

The information provided below will be separated from your application and will not be used as part of your selection. This information is confidential and is for statistical purposes only.

## 1. WHERE DID YOU ORIGINALLY LEARN OF THE OPPORTUNITY TO JOIN THE THERAPY AGENCY?

- Internet search (please specify).....
- Internet Job Listing (please specify).....
- Media advertisement (please specify).....
- Media feature or article (please specify).....
- Featured at show or event (please specify).....
- Through educational establishment (please specify).....
- Word of mouth from other therapists already registered.
- Internet Banner / Advertisement.
- Direct mailing.
- Direct email.
- Other (please specify).....

## 2. ETHNIC ORIGIN AND NATIONALITY:

- |   |  |   |
|---|--|---|
| a) Black or Black British<br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> African<br><input type="checkbox"/> Other (please specify) .....  | c) Asian or Asian British<br><input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> British Background<br><input type="checkbox"/> Other (please specify) ..... | e) White<br><input type="checkbox"/> British<br><input type="checkbox"/> Irish<br><input type="checkbox"/> Other (please specify) ..... |
| b) Mixed<br><input type="checkbox"/> White & Black Caribbean<br><input type="checkbox"/> White & Black African<br><input type="checkbox"/> White & Asian<br><input type="checkbox"/> Other (please specify) ..... | d) Chinese and Other Ethnic Groups<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Other (please specify) .....  | f) Not Stated<br><input type="checkbox"/> Not Stated  |

### WHAT IS YOUR NATIONALITY?

.....

- ### 3. SEX:
- Male                       Female

- ### 4. MARITAL STATUS:
- |                                  |                                       |                                    |
|----------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Single  | <input type="checkbox"/> With Partner | <input type="checkbox"/> Widowed   |
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced     | <input type="checkbox"/> Separated |

- ### 5. DATE OF BIRTH:

- ### 6. AGE:
- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 36-45 | <input type="checkbox"/> 56-65 |
| <input type="checkbox"/> 26-35 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 66+   |

- ### 7. DISABILITIES:
- Do you consider yourself to have a disability?     Yes                       No
- If yes, please describe:

For Office Use Only:

Reference Number:	Date Application Received:
Position Applied For:	