

Membership of The Past Life Therapists Association

Benefits available to members:

- You will have full support in the everyday running of your practice.
- Your clients will have peace of mind knowing that you are associated with a professional body with a support structure and an ethical code of conduct.
- You will be included on a national list of past life practitioners held by the association available to anyone looking for past life therapy in their area.
- The list of practitioners will also be available on the association's web site www.pastliferegession.co.uk
- You will also be entitled to use the letters MPLTA after your name.
- Optional training courses are for provided for CPD (Continuing Professional Development)
- You will have the option to join our very competitive Public Liability Insurance Scheme.

Please complete and return pages 2,3 and 4

The Past Life Therapists Association
Hypnotherapy South West Virginstow Beaworthy Devon EX21 5EA

Membership application questionnaire

Name Date of Birth.....

Address for correspondence.....

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Practice Address.....

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Phone numbers: Home..... Practice.....

Email Address

Web Site Address (if any)

Professional qualifications. (Please enclose photocopies of your qualifications)

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Membership of Professional bodies

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Details of Public Liability Insurance (It is mandatory to hold this)

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or: I intend to join the Associations Insurance Scheme. (tick)

Please provide a promotional description for your web site entry (up to 100 words)

I declare that all these details are correct and I agree to abide by the Past Life Therapists Association's Code of Conduct.

I also agree for the Past Life Therapists Association to research the training facilities that I have trained with in order to verify that they meet the National Occupational Standards for Hypnotherapy.

Signed

The Past Life Therapists Association
Hypnotherapy South West Virginstow Beaworthy Devon EX21 5EA

Membership Payment Form

Name

Membership Fee:

£45.00 per annum.

Please enclose a cheque with your application.

Payable to: A.Hillsdon.

or complete the Credit / Debit card application below.

Please debit my Visa MasterCard Delta Switch Solo Other (Please state)

Card No:

Start Date: (If applicable)

 /

Expiry Date:

 /

Issue No: (If applicable)

Security Code: (On reverse of card – last 3 digits)

Card Holders name:

Signature:

Code of Conduct

1. I will agree and adhere to these rules and regulations regarding my membership of the Past Life Therapists Association.
2. I will treat all clients' affairs in the strictest confidence, only discussing details if it is for their benefit and with their written consent or if ordered to do so by a court of law. Case histories can be presented to third parties if permission is granted and identity protected.
3. My client's welfare, dignity and rights will be my primary concern.
4. I will maintain a position of professionalism at all times in order to avoid any exploitation of clients, and not enter into any personal relationship while treatment is ongoing.
5. I will maintain a high level of integrity and professionalism so that the good reputation of Hypnotherapy, Past Life Therapy and the Past Life Therapists Association never becomes compromised.
6. I will never offer an absolute promise or guarantee to cure any condition.
7. I accept that any referral from a Registered Medical Practitioner remains the clinical responsibility of that Practitioner and agree to keep details up to date.
8. I will never encourage any client to discontinue medication that has been prescribed by a Registered Medical Practitioner.
9. I will not use my skills in Hypnotherapy and Past Life Therapy solely for the purposes of entertainment unless this has been discussed and agreed with the Past Life Therapists Association.
10. I will hold Professional Indemnity Insurance for the whole time that I remain a member of the Past Life Therapists Association.