

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

Membership application questionnaire

Name Date of Birth.....

Address for correspondence.....

.....

Practice Address.....

.....

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

Email Address

Web Site Address (if any)

Professional qualifications

.....

.....

.....

Membership of Professional bodies

.....

.....

.....

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.

Signed

REQUIREMENTS

In order for the Association to be able to recommend you to potential clients we need to have evidence of your competence in Past Life Regression and Therapy.

To provide this, please supply photocopies of your PLR and Hypnotherapy qualifications / certificates.

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

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.

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

Membership Payment Form

Please complete and send with application.

Name

Membership Fee:

£54.00 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: