



### Therapist Application Form

Please complete all sections (in **BLOCK** capitals) and return to: Pamper People, 48 Strode Street, Egham, Surrey, TW20 9BX. (Please ensure you cover the postage – two 1<sup>st</sup> class stamps should be fine). - (Fax: 0870 446 0151)

#### 1. Your Details

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Full Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

#### 2. Your Services

Please list the therapies in which you are a qualified practitioner (Use a separate sheet if necessary)	Please enter your qualifications against each therapy	Enter the school / college where you qualified (and qualification date)	Please enter details of your professional memberships

Where do you provide your services? (e.g. Your Home; Salon etc.) \_\_\_\_\_

Do you usually provide services at client's homes?  **yes**  **No**

Which geographical would you travel to for a booking? (e.g. 30 mile radius from your home) \_\_\_\_\_

## Therapist Application Form – cont.



Please list the treatments you could provide at an event (e.g. a Pamper Party). Treatments are broken down into 15 minute or 30 minute sessions for convenience. If you provide a treatment which requires more time and would be relevant for our events then please provide details. If a 15 minute treatment can effectively be expanded to a 30 minute treatment then state 15 / 30 as the required time.

Treatment Provided (Use a separate sheet if necessary)	Required time	Treatment Provided (Use a separate sheet if necessary)	Required time

### 3. Mobile equipment & transport:

Do you have your own portable equipment for the therapies you provide:  yes  No

Do you have your own car / van:  yes  No

### 4. Promotional Material

Therapists are encouraged to display their promotional material at a Pamper Party but must refrain from pressurising guests into future bookings. **Please enclose any booking forms, brochures, leaflets or cards you would use for promoting your services at an event.**

### 5. Qualifications certificates

**Please enclose a copy of your certificates with your application.**

### 6. Photographs:

**Please email a recent photograph** to [info@thepampercompany.co.uk](mailto:info@thepampercompany.co.uk) or enclose a passport style photograph. Can be sent separately from application if no current photograph is available.

### 7. Insurance

You are required to have adequate liability insurance cover for the therapies you provide. **Please include a copy of your insurance certificate with this application.**

### 8. Claims & Convictions

Have you ever been convicted of a criminal offence?  yes  No - If yes, please give full details on a separate sheet of paper and include nature of offence and date.

Have any claims been brought against you, or any are claims pending, regarding your work as a therapist?  yes  No

### 9. Declaration

I hereby state that all the information provided in this application form is correct and I have not withheld any factual information. I give my permission for The Pamper Company 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 Pamper People and The Pamper Company.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_