



**PERSONAL DETAILS**

<b>Title:</b>		<b>Date of Birth:</b>	
<b>Surname:</b>		<b>Business Name:</b>	
<b>Forename/s:</b>		<b>Business Address:</b>	
<b>Home Address:</b>		<b>Business Email:</b>	
		<b>Business Phone:</b>	
<b>Telephone (home):</b>		<b>Message Qualification Date and copy of Certificate (please enclose):</b>	
<b>Telephone (mobile):</b>			

**ADDITIONAL CPD OR COURSES TAKEN**

From	To	Course Provider	Title/subject

**LAST 5 YEARS OF WORKING HISTORY**

From	To	Massage Experience	Position held

<b>From</b>	<b>To</b>	Current Insurance Details: Company _____ Copy of Insurance has been provided YES _____ ( Please tick) YES I, _____ (Write your name, Capitals) AM A MESSAGE THERAPIST _____ Signed
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**ANY OTHER RELEVANT EXPERIENCE**

What experience, abilities and skills do you have which you feel might help your application?

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**HEALTH/DISABILITY**

Are you registered disabled? If yes, please quote your Registration Number and Certificate Expiry Date  Do you have any illness/disability which causes you to take time off? If yes, please give details.	Do you have learning difficulties i.e. dyslexia, deafness?
In any emergency or next of kin contact details: Name and Address	Next of Kin Contact Number

**HOBBIES AND INTERESTS**

Please outline your hobbies and interests:

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**PREVIOUS CONVICTIONS**

Have you any court, conviction, any pending, or outstanding summons or prosecution (except spent convictions under the Rehabilitation of Offenders Act 1974)? If yes, please give details.	
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**REFEREES**

Your referees will not be approached without your consent.

<b>Professional Reference</b>	<b>Personal Reference</b>
Name:  Title: Address:   Phone Number:	Name:  Title: Address:   Phone Number:

**DECLARATION**

I declare that the above information given is correct.

Signed:	
Printed Name:	Date: