



**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>Massage Qualification Date and copy of Certificate</b> <i>(please enclose):</i>	
<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 in Capitals) am a massage therapist and I have worked for a minimum of 6 months in massage therapy _____ Signed
-------------	-----------	---



**ANY OTHER RELEVANT EXPERIENCE**

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

**HEALTH/DISABILITY**

Are you registered disabled?  
 If yes, please quote your Registration Number and Certificate Expiry Date

Do you have learning difficulties i.e. dyslexia, deafness?

Do you have any illness/disability which causes you to take time off?  
 If yes, please give details.

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:

**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.

**REFEREES**

Your referees will not be approached without your consent.

**Professional Reference**

Name:  
 Title:  
 Address:

Phone Number:

**Personal Reference**

Name:  
 Title:  
 Address:

Phone Number:

**DECLARATION**

I declare that the above information given is correct.

Signed:

Printed Name:

Date: