



## Therapist Application Form

### Personal Details

First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Date of Birth: \_\_ / \_\_ / \_\_

### Contact Details

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

E-mail : \_\_\_\_\_ Website : \_\_\_\_\_

### Qualifications

Please list treatments you are qualified to perform	Please enter name of school/college and date of when you obtained your qualifications.	Please list Type of Qualification next to each therapy

### Preferred Working Times

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

All of our treatment times are broken down into 15, 30 and 45 minutes. Please list treatments you can provide, and time scales they can be performed within.

Treatment Type	15 Minute	30 Minute	45 Minute
<i>e.g pedicure</i>	X	√	√

Where do you provide your treatments? **Home**  **Salon**

How far would you travel for a booking? **10 miles**  **25 miles**  **40 miles**

Do you have your own portable equipment for the therapies you provide? **Yes**  **No**

Do you have your own car / van? **Yes**  **No**

**Insurance**

You are required to have adequate liability insurance cover for the therapies you provide. ***If possible please include a copy of your insurance certificate with this application. Otherwise fill in details below.***

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Expiry Date \_\_\_ / \_\_\_ / \_\_\_\_

**Claims & Convictions**

Have you ever been convicted if 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**

**Declaration**

I hereby state that all the information provided in this application form is correct and I have not withheld any factual information. I declare that I am a fully qualified freelance therapist and have adequate insurance. I give my permission for 1 Look 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 1 Look Pamper.

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