



**SkyBlue Therapist Application Form**

**Name:**

**Address:**

**Telephone numbers:**

**Email:**

**Website** (If applicable):

**Professional Qualifications** (Please provide a copy of relevant Certificates)

<b>Qualification</b>	<b>Training Provider</b>	<b>Date</b>
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**Professional Experience**

<b>Organisation</b>	<b>Date</b>	<b>Client Group</b>
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**Professional Organisation Membership:**

(Please specify membership number and category)

**Insurance details:**

(Please provide a copy of your current Indemnity Insurance Certificate)

**Therapy Room/Practice**

**Do you have premises suitable for client work?    Yes / No**

**If yes, where are your premises located?**

**Disabled access    Yes / No**

**Availability:**

(Please indicate the days/hours you are available to work with SkyBlue clients)



**Please state your reasons for wishing to join SkyBlue :**

**Please describe the personal qualities that you will bring to SkyBlue:**



## **References**

**Please provide details of two referees. One of these should be your course tutor or supervisor. References will be sought prior to interviewing.**

**Name:**

**Address:**

**Telephone:**

**Email:**

**Relationship to Applicant:**

**Name:**

**Address:**

**Telephone:**

**Email:**

**Relationship to Applicant:**

**Please attach a copy of your CV**