



**Healing Hands Network**

*Dedicated to the relief of suffering caused by war and the aftermath of war*  
151 Fillongley Road, Meriden, Nr Coventry, CV7 7LT  
Telephone 07815 628372 e-mail: healinghandsnetwork@gmail.com  
www.healinghandsnetwork.org.uk Charity no. 1080268

**APPLICATION FOR MEMBERSHIP**

Full name .....Date of birth .....  
(please underline the first name by which you are known)

Name on passport (if different from the above) .....

Address .....

.....Postcode .....

Telephone no. ....Mobile .....

Email .....Are you a complementary therapist? Yes /No.....

Would you consider giving therapy treatment in the U.K? Yes/No..... In Sarajevo? Yes/No.....

All members who would like to be involved with volunteering to work with Healing Hands Network will be invited to attend a preparatory induction workshop to be held in the Midlands and therapists will be asked later to provide the following:-

- CV with **brief** summary of career history.
- Copies of Qualifications.
- Professional Indemnity Insurance
- 2 Professional References

**N.B. A Membership donation of £35** is payable on joining our network.

Payment is accepted by the following methods: (please indicate the method you wish to use)

- **Standing order.** The date you join will also be the annually renewal date
- **Bank Transfer.** Payment direct to our bank - details below: (Overseas applicants please arrange a bank transfer for the equivalent amount at the current conversion rate at the time)
- **Credit/Debit card.** Email: hhntreasurer@gmail.com or healinghandsnetwork@gmail.com who will generate an invoice for online payment.
- **Cheque** made payable to **Healing Hands Network** to be sent with your application form

**Barclays Bank Sort Code: 20-07-89 Account no: 70429074 Name: Healing Hands Network**

Please reference all payments with your name and state "membership" so that it can be properly allocated upon receipt.

**Can we Gift Aid this donation? Yes / No: (N.B.UK tax payers only).** If yes, we will send a form for permission.

Where did you hear about Healing Hands Network? .....

Signed ..... Date joining .....

Please complete and return this form by post to:

Pam Neave, Membership Administrator, Healing Hands Network, 148 Boswell Drive, Walsgrave, Coventry CV2 2HL or by email to: membershiphhn@gmail.com