

Therapist Application Form

Please complete all sections (in **BLOCK** capitals) and return to 30 Castle Street, Dublin 2.

1. Your Details

Full Name: _____ Title: _____

Full Address: _____

Postcode: _____

Nationality: _____ Date of Birth: _____

Telephone Home: _____ Work: _____ Mobile: _____

Email: _____ Web Address: _____

2. Your Services

Please list the therapies in which you are a qualified practitioner (Use a separate sheet if necessary)	Please enter your qualifications against each therapy	Enter the school / college where you qualified (and qualification date)	Please enter details of your professional memberships

Where do you provide your services? (e.g. Your Home; Salon etc.) _____

Do you usually provide services at client's homes? **yes** **No**

Which geographical would you travel to for a booking? (e.g. 30 mile radius from your home) _____

Therapist Application Form – cont.

Please list the treatments you could provide at an event (e.g. a Pamper Party). Treatments are broken down into 15 minute or 30 minute sessions for convenience. If you provide a treatment which requires more time and would be relevant for our events then please provide details. If a 15 minute treatment can effectively be expanded to a 30 minute treatment then state 15 / 30 as the required time.

Treatment Provided (Use a separate sheet if necessary)	Required time	Treatment Provided (Use a separate sheet if necessary)	Required time

3. Mobile equipment & transport:

Do you have your own portable equipment for the therapies you provide: yes No

Do you have your own car / van: yes No

4. Promotional Material

Therapists are encouraged to display their promotional material at a Pamper Party but must refrain from pressurising guests into future bookings. **Please enclose any booking forms, brochures, leaflets or cards you would use for promoting your services at an event.**

5. Qualifications certificates

Please enclose a copy of your certificates with your application.

6. Photographs:

Please email a recent photograph to info@frenchbeauty.ie or enclose a passport style photograph.

Can be sent separately from application if no current photograph is available.

7. Insurance

You are required to have adequate liability insurance cover for the therapies you provide. **Please include a copy of your insurance certificate with this application.**

8. 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

9. Declaration

I hereby state that all the information provided in this application form is correct and I have not withheld any factual information. I give my permission for French Beauty 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 French beauty Ltd.

Applicant's Signature: _____

Date: _____