



The Corinthian Church & Healing Association
The Spiritual Way

Headquarters

Primrose Hall, 15a London Road, Hailsham, East Sussex, BN27 1EB

Telephone: 01323 440420

A registered charity in England & Wales No. 1069061 & Scotland No. SCO42055

Please complete this form in CAPITALS using black ink and return to C.C.H.A to the address above please answers all questions as fully as possible. Your application will only be processed upon receipt of a completed form and additions as requested. PLEASE

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Rev	<input type="checkbox"/>
Other ministerial Position held _____							
Full name of applicant _____				Date of birth _____			
Full address _____							
_____				Post code _____		Date _____	
Telephone Number _____				Mobile _____			
Signature if applicant _____				Healer number _____			

New members £40.50 Students £42.50 65 & over £28.50

Healer Practitioner £38.50 per year Renewal £35.00 Upgrades £15.00

Membership/replacement ID cards and other miscellaneous items

Replacement ID cards £10.50 Replacement certificates £10.50

Extra manuals or replacement manuals £26.50 Trainers manual £4.50 pnp

Transfers to CCHA with proof of training £40.50 Badges £5.50 each

PLEASE NOTE THERE ARE TWO BANDS FOR THERAPIES INSURANCE COVER AND ARE AS FOLLOWS

LOW BANDS £16.50 EXTRA PER YEAR

Aurasoma, Mediumship, Angel Therapy, Numerology, colour Healing, Palmistry, Counselling, Reiki, Card Reading, Regression Therapy, Channelled Art, Seicham, Crystal Healing, Sound Healing, Chakra Balancing, Hypnotherapy, light Touch Healing, CCHA Ordained Ministers, The Teaching of all of the above Therapies

HIGH BAND £50.50 EXTRA PER YEAR

Aromatherapy, Tai-Chi, Homeopathy, Kinesiology, Hot stone therapy, Indian head massaging, Reflexology, Yoga teaching-training, Acupressure, Alexander technique, Ear Candling, Bowen technique, Trance techniques, Any form of heavy massage including sport massage, Swedish massage. The teaching of all above therapies

If you require additional insurance for one or more of the lower band therapies please add £16.50, alternatively if you require one or more of the higher band therapies, please add £50.50

Please indicate therapies you wish to have insured and supply appropriate certificates.

The therapies I wish to be insured for are:

[Enter therapies here delete this piece of text]

If you would like cover for any of the above please contact CCHA Head Office (Primrose Hill 15a London road Hailsham East Sussex BN27 1EB Telephone 01323 440420) in all cases proof of training in a particular therapy will be sought and signed for by the applicant that they have proof, one day or weekend training courses will NOT be acceptable.

DECLARATION

I confirm that my general health is in such condition that it will not prevent me from providing an effective healing service and that there are no circumstances under which I should not become a member of the CCHA.

I have no criminal convictions or prosecutions pending I have not been in any situation that would give rise to a claim being made or action taken against me.

Please complete in black pen and CAPITALS thank you

Full name of applicant _____ Date of birth _____

Full Address _____

_____ Post Code _____ Date _____

Telephone Number _____ Mobile _____

Cheques must be made payable to CCHA to the above address (on line payment will be available soon) if you would like to do it by direct transfer contact Head office for details.

Signature of Applicant _____ Healer Number _____

I do hereby declare that I have trained with another healing organisation and I am:

Delete those that do not apply

Full Healer / Probationary Student / CCHA Member Friend / Healer Trainer / and will supply the appropriate documentation

Check list: Please mark with X

Photo copy of healer certificate [] Membership Card [] Training certificate []

Trainers Please Sign _____ Date _____

CCHA Number _____

Note: make sure all relevant certificates/documentation are enclosed when posting

Professional indemnity medical malpractice insurer RSA POLICY **NUMBER 201103753**

A copy of insurance cover can be had on request; it would be appreciated if you could include a stamped and self-addressed envelope

All information given on this form will remain confidential and will not be disclosed to a third party or unless authorised to do so by a lawful authority. Any information regarding this form contact head office on: 01323 440420 or 01323 840912 also email: t.swithenbank@sky.com

Cheques made payable to Corinthian church and healing association