

**LIGHT TOUCH THERAPIES TRAINING
PRACTITIONER PROFESSIONAL COURSE
APPLICATION FORM**

*Your Name:

*Your Email:

Please write your name as you would like to appear on your certificate:

Are you a practitioner and if so what therapies do you practice?

How long have you been practicing?

Please state if you are a health or fitness coach or other healthcare professional:

Do you have formal qualifications? (If Yes, please give details):

Light Touch Therapy Training

What is the nature of your interest in studying Light Touch Treatments? (e.g. reasons, expectations, etc.)

Have you completed a study in anatomy and physiology?

If not, have you studied another therapeutic system which included basic anatomy and physiology?

Are you a member of any professional bodies or therapy associations – if so which?

Do you hold professional insurance as a therapist?

If not, are you prepared to take out professional indemnity cover after you finish your training?

If you are looking to start a career as a therapist, what led you to decide to begin with Light Touch Therapies?

Submit this application form to susanna.terry1@gmail.com