



APPLICATION FOR MEMBERSHIP

The Doctor - Healer Network exists to promote the practical use of healing in a medical setting independent of any particular philosophy or belief. Membership is open to doctors and other health professionals with an interest in healing who subscribe to the aims of the Network and healers who practice healing and are members of a healing organisation in which training, adherence to a Code of Conduct and professional insurance cover are mandatory. Membership is also open to others with a specialist role in the network at the discretion of the organisers.

Please note:

Membership may not be used as a qualification in a member's publicity material.

Please complete where appropriate	
Doctor / Healer / Other (please describe).....	
Please print or use capitals	
Title / Full name	
Qualifications.....	
Address	
Town	County/City.....
Post code	
Contact tel/fax numbers	Home
	Work.....
Mobile Numbers	Home
	Work
e-mail addresses	Home
	Work



For Doctors and other medical professionals only

Do you heal or employ/make referrals to a healer? Yes/No.....

In what area of medicine do you work?

Please indicate particular areas of interest concerning the practical application of healing e.g. research

.....

For Healers only

Which healing organisation do you belong to?

Membership no.

Details of your links with doctor/medical practice/hospital/hospice

.....

Are you being paid? Yes/No

What is your source of funding? (If your source is public or voluntary sector please elaborate)

.....

.....

Have you any special areas interest?.....

Other therapies you are qualified to practice:

.....



Other applicants for Membership

What area of your work will complement the work of the DHN?
.....

What particular skills can you bring to the DHN?
.....

Other information which may be useful to the DHN
.....

Please note: membership is subject to Committee approval

Membership Fee: £20 per annum

Payment should be made out in favour of The Doctor - Healer Network and sent to:

The DHN Membership Secretary
The Little Lodge
Westfield Road
TOCKITH
Yorkshire
YO26 7PY

Tel: 01423 359498

I enclose payment for _____ to cover my membership for the period ending 30th
September 20__

Signed _____ Date _____