

Membership No: T

Date Processed:

Chakra Rhythms

Please reply to:
Angela Burke
46 Drumbeggan Road
Monea, Enniskillen
Co. Fermanagh BT74 8EU

Tel No: (+44) 7968 341 304
Web: www.chakrarhythms.com



Application for

Trainee Membership

Please complete all sections in block capitals.

Section 1 Correspondence Details

Mr/Mrs/Miss/Ms/Rev/Dr: _____ Surname: _____

Forenames: _____

Address: _____

Town: _____

County/State: _____

Country: _____ Post/Zip Code: _____

Tel No: _____ Fax No: _____

Email: _____

Name on Certificate if different from above: _____

Date of Birth: _____

Nationality: _____

Profession: _____

Section 2 Character Referees

(a) To be completed by two persons who have known you for a period not less than 6 months.

(b) To the best of my knowledge the applicant is of good character, and I confirm that he/she is in sufficiently good physical, mental and emotional health to enable him/her to train as a healer.

The applicant has been known to me for a period of:	The applicant has been known to me for a period of:
Name:	Name:
Address:	Address:
Tel. No:	Tel. No:
Profession:	Profession:
Comments:	Comments:
Signature:	Signature:

Section 3 Trainer- Sponsor's Details

(a) I am training by Distance Learning / I am training with the following person. (delete as appropriate)

Name: _____
Address: _____ _____
Tel. No: _____ Profession: _____
CR Membership No: _____

Section 4 New Students: As a condition of your enrolment, will be expected to purchase the necessary Training Manual, Record Book and Code of Conduct (Purchased as extra £40)

Section 5 Applicant's Statement

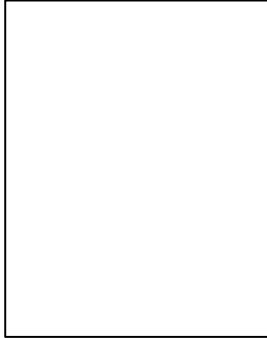
I agree to abide by the Chakra Rhythm Code of Conduct and to practice healing only in accordance with the law of the land in which I practice. I acknowledge the following principles:

- (a) I shall hold the welfare and well being of the patient/client in the highest regard at all times.
- (b) As a healer I will make myself available to all who are in need of healing, without concern for race, class or religious persuasion.
- (c) I shall at all times offer a service that is complementary to those offered by qualified medical practitioners and will encourage patients to seek medical advice.
- (d) I will at all times seek to co-operate with doctors and other therapists engaged in the task of healing the sick.

I confirm that I have never been convicted of a Crime that may undermine my suitability to work with vulnerable people.

Signature: _____ Date: _____

The CR reserves the right to refuse any application without giving any reason.

<p>Official Use Only</p> <p>CR Registrar</p>	
<p>This application has been approved</p>	
<p>Signature: _____ Date: _____</p>	

Please reply to:
Angela Burke
46 Drumbeggan Road
Monea, Enniskillen
Co. Fermanagh

Tel No: (+44) 7968341304



Web:<http://www.chakrarhythms.com>

Application for Trainee Membership

Subscriptions

Annual Membership Subscription	£50.00
Administration Fee (once only on joining)	£30.00
TOTAL DUE	£80.00

- Cheques should be made payable to **Angela Burke**. Due to the high costs of bank exchange rates, only £ Sterling cheques/bankers drafts are acceptable from overseas members.
- Annual membership is due on or before 1 September. There will be no reminders for overdue payment of subscriptions due.
- Renewal of membership is not deemed automatic and is subject to acceptance.
- Where a joining administration fee is charged, this fee will not apply to membership renewals provided that the membership is continuous. However, if the membership lapses, or is terminated, or the category changes, any renewal will be deemed as a new membership to which the joining administration fee will apply

Membership ID Card

All applicants must supply an up to date passport photograph otherwise applications will not be processed. The photograph will be stored with your application. **Please print your name clearly on the back of the photo.**

Character Referees – Section 2

- Character referees must have known the applicant for at least six months.
- Two members from one family are not acceptable (each referee should come from an individual source), family members are not acceptable.
- Under most circumstances, longstanding friends are sufficient to fulfil the criteria in Section 2 (a) of the application form, provided they guarantee that the applicant is a fit and proper person to be trained as a healer.

Check List

Have you completed the following?

- **Section 2** – Provided two individual character referees.
- **Section 3** – Manner in which training is being provided
- **Section 4** – Website access
- **Section 5** – Signed and dated the applicant's statement.
- **Enclosed** – Cheque for £80.00.
- **Enclosed** – Passport photo.