

## REGISTRATION FORM FOR "Find a therapist" on web-site

Initial Registration 1 year                      **FREE**      
 Renewal Registration 1 year                    **€20**    

**Please complete in full - BLOCK CAPITALS:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TEL:** \_\_\_\_\_

\_\_\_\_\_ **MOBILE:** \_\_\_\_\_

\_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Course Title, venue and date qualified:**

\_\_\_\_\_

**If you trained with us in more than one therapy, please list venue and date trained for EACH therapy:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSURANCE: Very Important. All therapists registering **MUST** have a current insurance policy covering them for Malpractice & Public liability, endorsed for the therapies you practice.**

**I certify the above information to be true.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **DATA PROTECTION ACT**

To comply with Data Protection Act requirements, please complete the following in order for your information to be advertised and promoted by Complementary Therapy Training Courses (CTTC).

I permit my name, address, telephone number and email address (where applicable) to be placed on the Complementary Therapy Training Courses (CTTC) website ([www.complementarytherapytraining.com](http://www.complementarytherapytraining.com)) under 'Find a Qualified Therapist'.

YES

NO

**NAME:** \_\_\_\_\_  
(BLOCK CAPITALS)

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_