

Therapist Registration Form

Name:

Address:

Emergency Contact Details:

Please tick those treatments you are qualified and insured to give:

Swedish Massage
Deep Tissue Massage
Hot Stones Massage
Reflexology
Indian Head Massage
Make up Application

Manicure/Pedicure
Pregnancy Massage
Facial Treatments
Reiki
Aromatherapy Massage
Sports Massage

Do you own your own car?

Yes

No

What is your availability for work?

Days

Weekends

Evenings

Have you ever been convicted of a criminal offence?

Yes

No

By submitting this application form, I am confirming that all the information provided is correct and I have not withheld any factual information. I also give my permission for Love Pamper Company to hold this information on file to use manually, or to run on a computer database. I am also confirming that I have read, understood and agree to and abide by the [Terms and Conditions](#) of Love Pamper Company.

In order to complete this registration, we will also require you to send a copy of your current public liability document. The document needs to include the amount you are covered by, and the treatments you are covered for. Along with the date the insurance is valid from and until, please email it to info@lovepampercompany.co.uk. Applications will not be accepted without this.

I understand that I will be employed on a self employed basis, therefore I will need to supply my own products and equipment.

I agree that this is a self employed position, therefore the amount of work cannot be guaranteed. Following each booking, I will provide an invoice electronically via email (blank copy will be provided by Love Pamper Company) and I will be paid via BACS within 5 days of receipt of email. I understand that it is my responsibility to pay my own tax and national insurance.

Signature:

Date: