



PROVISIONAL SPIRITUAL HEALER APPLICATION FORM

Tick one

New Healer

Experienced Healer

Full Name (Mr/Mrs/Ms/Miss)

Street Address

Town/City Postal Code Region

Postal Address (if different)

..... Date of Birth

Email Phone No (.....)..... Mobile No

If applicable, Organisation(s) with whom you have trained and practiced Spiritual Healing, length of associated time & contact information:(Use attachments if need more room & to provide copies of supporting documents)

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Please provide details of relevant Spiritual Healing qualifications, training or experience, and contact information: (Use attachments, as above)

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Please list other modalities used alongside your Spiritual Healing: (Use attachments, as above)

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I have at least two years Spiritual Healing training and experience / am a qualified Spiritual Healer and wish to apply for Registration with SNZ now based on the training & experience listed above.

I agree to:

- Abide by the [Code of Ethics for Spiritual Healers](#)
- Complete all the necessary requirements with a qualified Spiritualism New Zealand trainer

Attached to this completed Application form is:

- Completed [Police Request and Consent Form](#) and its required supporting documents
- Completed nomination section (next page) if you belong to a member organisation that performs Spiritual Healing
- Application fee of \$30 **OR**
- Date payment made through [internet banking](#) to 03-0531-0042824-002

Signed **Date**



Nomination for a Provisional Spiritual Healer

Member Organisation Details:

Name

Contact Person Position

Email Address Phone No

Applicant Provisional Healer:

Full Name (Mr/Mrs/Ms/Miss)

Street Address

Town/City Postal Code Region

Details of Spiritual Healing training received by applicant:

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Details of relevant Spiritual Healing experience:

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Your Recommendation:

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Signed Date