



Provisional Spiritual Healer Application Form

Full Name (Mr/Mrs/Ms/Miss)

Street Address

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Town/City..... Postal Code..... Region.....

Postal Address (if different)

..... Date of Birth

Email Phone No Mobile No

If applicable, please advise any Spiritual Healing training and experience you have had to date. List the organisation(s) with which 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 list other healing modalities (including other energy healing modalities) for which had training and experience, and any qualifications: *(Use attachments, as above)*

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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
- Date application fee of \$30 was paid through internet banking to 03-0531-0042824-000

Signed..... **Date**



Nomination for a Provisional Spiritual Healer

Member Organisation Details:

Organisation 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