



Spiritualism New Zealand

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: *(Use attachments if need more room & to provide copies of any supporting documents)*

Please provide details of relevant qualifications, training or experience: *(Use attachments, as above)*

..... I wish to apply for Registration now ☐

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

☐ 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 Registered Spiritual Healers Code of Ethics
- ☐ 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

Post to: Treasurer, Spiritualism New Zealand, 6 Emerald Hill Drive, Upper Hutt 5018 or
Email to: treasurer@spiritualism.org.nz



Spiritualism New Zealand

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 experience:

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Signed Date

To be attached to the applicant's application form and forwarded to the Registrar