



# Registered Spiritual Healer Application Form

*for Spiritual Healers with Spiritual Healing Experience*

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.....

- 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 below.
- I agree to complete any further assessment and training requirements necessary to confirm my spiritual healing abilities, with a qualified Spiritualism New Zealand trainer.

**Attached to this completed Application form is:**

- A list of 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);*
- Details of relevant Spiritual Healing qualifications, training or experience, and contact information *(Use attachments, as above);*
- Please list other healing modalities (including other energy healing modalities) and qualifications used alongside your Spiritual Healing *(Use attachments, as above);*
- Four written testimonials from members of the public who have received spiritual healing from me;
- Not less than 500 words, on 'What is Spiritual Healing?', its associated Guidelines and Ethics, Absent Healing and Attunement;
- Completed [Police Request and Consent Form](#) and its required supporting documents
- Completed nomination section (next page) from my trainer or the member organisation that performs Spiritual Healing to which I belong;
- Date application fee of \$30 was paid through internet banking to 03-0531-0042824-000 .....

**As a Registered Spiritual Healer with Spiritualism New Zealand, I agree to:**

- Abide by the [Code of Ethics for Spiritual Healers](#);
- Undergo a Police Vetting check every five years;
- Continue my development by attending a healing course for Registered Spiritual Healers each year with a Spiritualism New Zealand trainer.

**Signed** ..... **Date**.....



# Nomination for a Registered Spiritual Healer

**Member Organisation / Trainer Details:**

Organisation Name, if applicable .....  
Contact Person ..... Position .....  
Email Address ..... Phone No .....

**Applicant 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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**Your Recommendation:**

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**Signed** ..... **Date** .....