



## Provisional Spiritual Healer Healing Log

Full Name (Mr/Mrs/Ms/Miss) .....

Date	Healing given to: (Name of client or describe situation – e.g. “2 people at healing service”)	Name & Signature of Supervising Registered Healer or Signature of Client

*Pursuant to the Privacy Act 2020 this information is required to maintain a record of the healer's healing experience and is confidential to the healer, the healer's supervisors and Spiritualism New Zealand.*

**To be attached to the applicant's Registered Healer application form and forwarded to the Treasurer**

