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 1993 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 Registrar