



Registered Spiritual Healer Application Form

for Spiritual Healers with Spiritual Healing Experience

Full Name (Mr/Mrs/Ms/Miss)

Street Address

.....

Town/City Postal Code Region

Postal Address (if different)

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..... 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 independent 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) if you belong to an organisation that performs Spiritual Healing;
- Date application fee of \$30 was paid through internet banking to 03-0531-0042824-000 (The Spiritualist Church of New Zealand).

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

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