

Association of Universal Healers & Spiritualists

Charity No: 1014604

99 Wealcroft, Leam Lane, Gateshead, NE10 8LN

Telephone: 0191 442 2109

Affiliated to Alliance of Healing Associations



Please reply to: Vice President (South)

Mrs Angela Farrall,

107 Wadsley Lane,

Hillsborough

Sheffield, S6 4EE

(Tel: 0114 232 4012)

Application for Certificate as Healer Leader

CONFIDENTIAL

Date _____ Membership Number _____

Name _____

Address _____

_____ Post Code _____

Telephone number _____ Date of Birth _____

Date joined this Association _____

Date awarded Certificate as a full healer of Association of Universal Healers & Spiritualists _____

NB: You must have been a FULL Certificated Healer with this Association for all of the last twelve months, and your subscription must be paid up to date.

From which Association did you receive your FIRST Spiritual Healing Certificate? _____

Are you intending to train probationers? Yes* No*

If so where? _____

If at a church or centre which is not affiliated to AUHS you MUST have their permission **in writing and you should attach a copy to this form**, if the church/centre is affiliated to Association of Universal Healers & Spiritualists please ask the President to sign here:

Sign..... Print name.....

Healer Leaders are required to attend the healing meeting on 1st Saturday in September each year (unless exemption is given in special circumstances such as disability).

Are you registered disabled? Yes* No*

If yes, with what condition? _____

Do you agree to train any Probationers to the Rules, Code of Conduct, Regulations and Training Manual of the Association and AHA and the laws of the Land? Yes* No*

Have you ever been refused or had membership or insurance withdrawn from any Healing or Spiritualist Group? Yes* No*

Please give the name of one full healer who is willing to supply a reference for you. (This must not be a blood relation nor one connected by marriage).

Name _____.

Address _____

Post Code _____ Phone Number _____

Does he/she currently hold a full healer certificate ? Yes* No*

If YES, with which association? _____.

Please answer the following questions about yourself:

Why do you wish to become a healer leader?

Are you a Spiritualist? Yes* No*

When & Where did you first start healing? _____

Which association did you train with? _____

Have you ever been convicted of any criminal offence? Yes* No*

Please read the following before signing the form. Then return the form, with a cheque for £2 made out to Universal Spiritualist Association, to the address at the beginning of this form

- 1 I agree to abide by the rules and regulations of the Association of Universal Healers & Spiritualists and promise that I will do nothing to bring the Association or Spiritualism into disrepute.
- 2 I agree to renew all my subscriptions on time each year and remain a registered healer member of this Association
- 3 I agree to attend the annual healer meeting.
- 4 I realise that failure to abide by the above will automatically cancel both my Healer and Healer Leader status.
- 5 I understand that I will automatically be the contact for any probationers I train, during and after their training.
- 6 I understand that I must make sure there is always a high standard of training as I will act as a reference for the theory experience of my trainees, and may therefore be held responsible for their actions.

Signed _____

Please enclose £45 assessment fee. Cheque made payable to Association of Universal Healers & Spiritualists