

Personal Details

Title: <i>Dr Mr Mrs Ms Miss</i>	
First Name:	
Surname:	
Address:	
Town:	
County:	
Postcode:	
Email Address:	
Contact Number :	
D.O.B	
Place of Birth:	
National Insurance Number :	
Visa Type (<i>if non EU</i>):	
Expiry Date :	
Do you have the right to work in the UK?	YES / NO
Do you have any health issues or a disability relevant which may make it difficult for you to carry out functions which are essential for the role you seek?	YES / NO (<i>If yes please give detail</i>)
Criminal Convictions:	YES / NO (<i>If yes please give detail</i>)
Signature / type full name	
Date	

Bank Details

Payments will be made each month via bank transfer.

Bank name:

Bank address:

Name of account holder:

Sort code:

8 digit Account number:

Please fill out the above and send to info@balanceofthemind.com

Please include your full name and town name as subject,
and attach the following :

- Registration form
- Proof of ID, Passport / driving licence
- Proof of address, or utility bill dated within the last 3 months
- Relevant certificates
- Your CV
- CRB / DBS check if required

- Start date
- Your address for the location for therapy