

Application to join the LJMC Complementary Therapy Network

Therapist's details

Name: Mr/Mrs/Miss/Ms

Address:

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Town: County: Postcode:

Home telephone: Mobile tel:

Which telephone number you would like published on the Network list? Home Mobile

Email:

Website:

Therapies

Therapy	Qualification	Date of qualification	Professional Body Membership <small>(specify which)</small>	Charges	Include on list?
Acupuncture					<input type="checkbox"/>
Aromatherapy					<input type="checkbox"/>
Reiki					<input type="checkbox"/>
Massage <small>(please state type)</small>					<input type="checkbox"/>
Relaxation					<input type="checkbox"/>
Reflexology					<input type="checkbox"/>
Other:					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Working practice

Do you have professional liability insurance? Yes No Renewal date:

Have you ever been dismissed from employment or removed from any professional body on the grounds of professional misconduct in the UK or abroad? Yes No

Where do you work?

		Hours	Further information
Home	<input type="checkbox"/>		
Clinic	<input type="checkbox"/>		
Home visits	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

Do you offer?	Yes No	No, but would consider	N/A
Hourly (ie, full or equivalent) sessions only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short sessions, eg, 1/2 hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part body massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sliding scale of charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are considering developing a 'no payment' home visit service for patients in particular need. Would you be interested in helping from time to time? Yes No

Experience

Do you have any healthcare experience? Yes No

If YES, please give brief details:

Please describe any relevant experience or expertise, personal or otherwise, that you have had working with people affected by cancer:

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Working with people affected by cancer

What benefits would you aim for when working people affected by cancer?

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When working with someone affected by cancer, how would you modify the way you work?

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What further training and/or information might you find helpful to prepare you for working people affected by cancer?

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Other information

Feel free to add any other information you consider to be relevant to this application:

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Terms and conditions

The LJMC Complementary Therapy Network (CTN) is available to people affected by cancer at Mount Vernon Cancer Centre. Personal information published will include the name, town, contact telephone number and brief details of services offered by therapists.

Other personal data will not be disclosed and is only held for internal administration purposes.

If your application to be included on the CTN is accepted, you agree to your details being published as above, both in the printed list and also on the LJMC website.

Agreement

I have read the criteria and guidelines for membership of the LJMC Complementary Therapy Network and agree to abide by these.

I understand that the LJMC does not specifically recommend therapists or their services and that inclusion on the CTN is no guarantee of referrals or business.

I understand that my details will be included on the CTN list which is available to LJMC users both at Mount Vernon Cancer Centre and via the LJMC website.

I confirm that the information I have supplied in this application is correct.

Signature: Date:

Thank you for your interest in joining the LJMC Complementary Therapy Network.

Please return your completed form to:

Complementary Therapy Co-ordinator
Lynda Jackson Macmillan Centre
Mount Vernon Cancer Centre
Northwood
Middlesex HA6 2RN

If you have any questions, please do not hesitate to contact the LJMC on 020 3826 2555.

Admin use only

Date received: Comments:

Training: Day One:

Training: Day Two:

Certificates seen by: Date:

PLI certificate seen by: Date:

Accepted: Yes No