



Application Form - Counsellor

Please complete this short application in your own handwriting and return it to us at the address given overleaf.

| | | | |
|--|--|------------------------------|-----------------------------|
| Your Full Name: | | | |
| Your Address: | | | |
| Your Telephone Number: | | | |
| Your Email Address: | | | |
| Have You Had a Hysterectomy? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Why Did You Have Your Hysterectomy? | | | |
| When Did You Have Your Hysterectomy? | | | |
| Which Area Would You Like to Cover and Why? | | | |
| | | | |
| Tell Us A Little About Your Hysterectomy (if you had one) (Continue on another sheet if necessary) | | | |
| | | | |
| Tell Us About The Sort of Counselling Practice You have | | | |
| | | | |



| | | |
|--|------------------------------|-----------------------------|
| Are You Able To Receive Confidential Phone Calls At Home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Why Would You Like to Become A Counsellor With The Hysterectomy Association? | | |
| | | |
| What Counselling Qualifications Do You Have? | | |
| | | |
| We Need You To Confirm That You Are Aware That This Will Be Your Own Business And That Will Responsible For Any Tax Or National Insurance Contributions That May Become Necessary. | | |
| | | |
| Signed: | | |
| | | |
| Dated: | | |
| | | |

Thank you for completing this short application form. We would appreciate it if you could send it back to us at together with evidence of qualifications, insurance and supervision to:

The Hysterectomy Association
West View, West Street, Broadwindsor, Beaminster, Dorset, DT8 3QQ

Once we have received your completed application we will review the information and then contact you by 'phone to discuss it. If we both agree that it is acceptable for you to go ahead, then we will expect a cheque for £75 made payable to The Hysterectomy Association before we can continue. You will also be asked to set up a standing order for the quarterly fee of £20.00