

treatment room rental application form

**contact information**

|  |  |
| --- | --- |
| **name** |  |
| **street address** |  |
| **town + postcode** |  |
| **tel. (mobile)**  |  |
| **tel. (home)** |  |
| **email**  |  |

**professional experience**

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| --- |
| **What is your up to date experience and in what kind of setting have you worked before?** |
| **Where do you currently work/practice from?** |
| **What marketing, sales and client retention strategies do you have in place and use?** |
| **Do you have a website? Please provide the address.** |
| **Are you actively engaged in any of the social media platforms to promote your business? If so which ones?**  |
| **Why do you want to rent rooms at triyoga and what is unique about your offering?** |

**professional reference**

**Please supply the name, email address, address with postcode and telephone number of two people who we may contact for reference. Accepted referees include (previous) employer, practice manager of other premises you rent or rented rooms at, co-worker, client.**

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| --- | --- |
| **reference 1** |  |
| **reference 2** |  |

**professional information**

|  |  |  |
| --- | --- | --- |
| **Therapy/ies you wish to offer****(please enclose copies of all relevant qualifications)** | **Year of qualification** | **Name of college, school or institution** |
|  |  |  |

**work availability**

|  |  |  |
| --- | --- | --- |
| **Venue (camden, chelsea, soho)** | **Day(s) of the week** | **Time of the day (morning, afternoon, evening)** |
|  |  |  |

**All therapists must be fully insured. Please provide details and a copy of your insurance.**

|  |  |  |
| --- | --- | --- |
| **Insurance company** | **Policy number** **(please enclose a copy of your policy)** | **Expiry date** |
|  |  |  |

**Once completed please return by email to the therapy manager on:** **joanna@triyoga.co.uk****.**

**Checklist of required documents**

* CV
* Certificate copies
* Up to date public liability insurance copy