

**Fine Tuning Treatments**

APPLICATION FORM

**COURSE BOOKING FORM**

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| **Name:** |  |

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| --- | --- |
| **Address:** |  |
| **Postcode:** |  |

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| --- | --- | --- | --- |
| **Contact No:** |  | **Emergency No:** |  |

|  |  |
| --- | --- |
| **Email address:** |  |

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| **Please state what treatments you are qualified to offer:**  ***(Please attach photocopies of qualification certificates)*** | **1)**  **2)**  **3)**  **4)**  **5)**  **6)**  **7)**  **8)**  **9)**  **10)** |

|  |  |
| --- | --- |
| **Any allergies or Personal Health Issues FTT needs to be aware of?** |  |

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| **Bank Details:**  ***(for payment for work carried out with FTT)*** | **Account Name:**  **Account Number:**  **Sort Code:** | **Public Liability Insurance Details:**  ***(Please attach copy of Insurance Certificate)*** | **Name of Insurer:**  **Policy Number:**  **Renewal Date:** |

|  |  |
| --- | --- |
| **Are you already registered as Self Employed :** |  |

|  |  |
| --- | --- |
| **Payment for work carried out:** | **Please submit an invoice at the end of each month for any work carried.**  **This invoice will be paid within 14 days of receipt.**  **You will need to be registered as self-employed with HMRC and will not be an employee of Fine Tuning Treatments.** |