

Bristol District Association of Healers

Registered Charity No. 247842

Member of Healer Practitioner Association International (HPAI)

Application for FULL HEALER MEMBERSHIP

IF YOU DO NOT ALREADY OWN COPIES OF OUR CONSTITUTION AND CODE OF CONDUCT PLEASE WILL YOU CONTACT THE MEMBERSHIP SECRETARY WHO WILL SEND YOU A SET. FOR YOUR INSURANCE TO BE VALID IT IS MOST IMPORTANT THAT THESE CONDITIONS ARE ADHERED TO.

Please return these booklets if you decide not to be a Full Healer.

PLEASE COMPLETE THE FOLLOWING IN BLOCK LETTERS

Mr / Mrs / Miss / Ms / Other _____

Surname _____ First name _____

Address _____

Town _____ County _____

Post code _____ Tel: _____

Date of Birth _____ e-mail _____

Other Therapies _____

Did you train with a member of Bristol District Association? YES/NO

If 'YES' please give following details.

Your membership number _____

Name of Member you trained with _____

If 'NO' state where and when your training took place and also the name of the

Healer who trained you. _____

Are you a member of another Healing Association? YES/NO

If 'YES' please give details. _____

Office use: Approved. Date _____ Membership No. _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS (BLOCK CAPS)

How did you come to know about this organisation? _____

When did you commence your healing ministrations? Date _____

Were your patients relatives, friends, general public? (tick as appropriate)

Where do you normally conduct your healing? (It may be required that a full healer member of the Bristol District Association attend one or more of your sessions).

Are you willing to visit patients in their own homes if requested to do so? YES/NO

Are you willing to give Healing to patients with AIDS? YES/NO

Are you willing to provide a 2 year training programme to probationers? YES/NO

(delete as appropriate)

Please supply the names of four patients who have been receiving healing provided by yourself during the last few months. It is to be noted that this does not include patients who have also been receiving healing from another person or in a group environment.

1) **Name** _____
Address _____

2) **Name** _____
Address _____

3) **Name** _____
Address _____

4) **Name** _____
Address _____

Please enclose letters from patients when returning this application form.

Please read the following carefully.

I acknowledge and accept the following principles:

- 1) The paramount consideration in all healing activity is the welfare of the patient. Healers, like members of the medical profession, should endeavour always to act in accordance with the Oath of Hippocrates:

“The regime that I shall adopt shall be for the benefit of my patients according to my ability and judgement and not for their hurt or any wrong. I will give no deadly drugs to any although it may be asked of me, nor will I counsel such, and especially I will not aid a woman to procure abortion. Whatsoever house I enter there will I go for the benefit of the sick refraining from all wrong doing or corruption and especially from any act of seduction of male or female, of bond or free. Whatsoever things I see or hear concerning the life of men, in my attendance on the sick or even apart therefrom which ought not to be noised abroad, I will keep my silence thereon counting such things to be sacred secrets.”

- 2) The services of healers should be made available to all who are in need of them without distinction of race, class or religious belief.
- 3) Healers must not try to take the place of qualified medical practitioners and will invariably counsel patients in need to seek medical advice. Healers will at all times co-ordinate with and aim to achieve friendly relations with doctors, ministers and all those engaged in the task of healing the sick.

Applicants Statement:

I confirm that my general health is in such a condition that it will not prevent me from providing an effective healing service. I understand that the Executive Committee reserves the right to refuse the applicant permission to become a full healer member without giving any reason for doing so.

I enclose a cheque for £22.00 inclusive of insurance, this being my first year of membership which will be returned to me if I am not elected. Subscriptions are renewable by October 1st annually. I enclose a passport-size photograph.

Signature _____ Date _____

Please return your completed form, cheque, photograph and other documents to:

David Lindsey
10 Willowpool
Cote Lane
Bristol BS9 3FD

email: [BDAH Membership Secretary](#)

Sponsors / Referee's Character Reference

To be completed by two (2) members of the Bristol District Association or by two (2) persons such as Minister of Religion, Doctor, Teacher, J.P., etc. willing to give a character reference.

Please complete in block capitals.

To the best of my knowledge the applicant: _____
is a fit and proper person to be a healer and I confirm that they are in good physical, mental and emotional health allowing them to act as a healer.

1) Name _____
Profession _____
Address _____
Signature _____ Date _____

2) Name _____
Profession _____
Address _____
Signature _____ Date _____

For use by the Membership Committee.

We the following members of the committee agree that the applicant is a suitable person to be a Full Healer Member of Bristol District Association of Healers.

1) Signed _____ Date _____

2) Signed _____ Date _____

3) Signed _____ Date _____

Membership number _____ Certificate (date sent) _____