



Natural Health Teaching Services
 (Section 21 Co. not for gain)
 Telephone: 021 696 5857
 Facsimile: 086 624 0210
 (Office hours: Monday 9.00-1400)
www.naturalhealthaccess.info
marion@naturalhealthaccess.info

Practitioner/Teacher Subscription Form

Full name:.....

Physical address:.....

.....

Postal address:.....

Telephone no:..... Cell no:.....

e-mail address:..... Website:.....

Practice address:.....

.....

Your current chosen practitioner title:

I understand that the NHTS will witness me as a practitioner and that I can apply for endorsement from NHTS to use the title "Natural Health Practitioner" once I have completely satisfied all the requirements of my specialisation and the core training offered through the NHTS. Yes/No

If 'YES" to the above, I undertake to:-

- satisfy the NHTS of my specialisation via certification, affiliation or testimonial references
- do the core course training within two years from signature of this document.
- uphold the NHTS approach to Natural Health.
- advertise the times I am available to clients on the NHTS website.

I declare that the above information is true and correct.

Signed:..... Date:

Practitioner

Your training path:

Course: Instructor Name: Instructor contact number:
 Instructor email:

Certified on attendance Yes/No
 Certified after assessment Yes/No
 Do you instruct this course? Yes/No

Course: Instructor Name: Instructor contact number:
Instructor email:
Certified on attendance Yes/No
Certified after assessment Yes/No
Do you instruct this course? Yes/No

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Instructor email:
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Certified after assessment Yes/No
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Do you instruct this course? Yes/No

Thank you - FAX or EMAIL your completed reply details above.