

**CLAY THERAPY COMMUNITY - REGISTRATION PROFORMA**

**FOR MEMBER LISTING ON THE CLAY THERAPY COMMUNITY WEBSITE**

***Here is an opportunity for you to showcase you and what your practice offers.***

*This process will be a bi-annual requirement. BAC s payments of £40 may be sent to –*

*Lloyds Bank, Sort code 77 72 19, Account number 23542460. Please add your name in the reference section when doing the BAC payment.*

*Alternatively a cheque may be sent payable to D L Souter-Anderson, address*

*35 Cootes Lane, Fen Drayton, Cambridgeshire. CB24 4SL.*

*Thank you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***This information will be used on the website***

**PLEASE SEND THIS FORM WITH A PORTRAIT PHOTOGRAPH OF YOU in JPG form to:**

**Dawn Warwick – email address dawnwarwick66@gmail.com &**

**cc to lynne.souter-anderson@sky.com**

**NAME:**

**Please indicate level**

Clay Therapist \* Clay Therapist Advanced Practitioner \* Clay Therapist Advanced Practitioner – Supervisor

COUNTRY & COUNTY:

PHONE:

EMAIL ADDRESS:

WEBSITE ADDRESS:

PROFESSIONAL PROFILE & Qualifications/Professional Memberships (200 words maximum):

Please add a view words about your particular interest in clay.