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Tel. +44 01382 872020

Email. hello@wellnessdundee.co.uk

27 – 29 Reform St, Dundee DD1 1SG

An application to

Practice, Teach or Instruct at Wellness Dundee

Thanks for your interest!

**Please give us the following information.**

I am applying as a ……………………………………date………………………………

My name is ……………………………………………..……………………………………..

My address is……………………………………………………………………………………

My telephone …………………………..My mobile ………………………………………

My email ………………………………….My website ………………………………………

Please send, along with this completed form, a copy of

1. All appropriate Professional Qualifications - with Course outline
2. Memberships of all Professional Bodies
3. Copies of current Insurance Certificates
4. Copies of other Qualifications which you may feel useful
5. A copy of your current C.V. including names of referees
6. Copies of a Valid First Aid Qualification

Disclaimer - *Nilupul Foundation, or Nilupul Foundation trading as Wellness Dundee, accepts no responsibility for any loss, damage, or injury, physical or mental, suffered by any third party by any person hiring room space.*

**Declaration**

1. I agree to practice only registered & approved methods in the centre and confirm the above information is correct and complete.

2. I agree to comply with the Code of Conduct and Guidance to Practitioners issued by the British Complementary Medicine Association (BCMA), all Codes of Conduct issued by my Professional Body while practicing in Wellness Dundee.

Signed: ………………………………………………………………………………………

Name (in Block Letters) …………………………………………………….……………

Please send everything to the address above or by e mail – hello@wellnessdundee.co.uk

We wish you success with your application!

We look forward to you joining the Wellness Dundee Team!