

The Spiritualists' National Union Tutor Training Application Form



Name:
Address
Post Code:
Telephone Number
Email
Nationality
How Long have you been involved in the following

Yrs Mths

	Yrs	Mths
Spiritualism		
Teaching		
Demonstrating		
Speaking		
Healing		
Administration		

Are you a member of the SNU	Y	N
How Long have you been a member	Yrs	Mths
Do you hold any credentials within the SNU	Y	N
Do you have any teaching qualifications	Y	N

Please send your cheque in full payment of £100 to, 1, The Millway, Swynnerton, Stone, ST15 0PN

Please list your credentials and dates obtained

*** Authenticated copies of your qualifications are required to be enclosed with your application form. CSNU s,d,h,g. Do not send originals**

On separate page, please itemise any teaching experience within the SNU that you have (including professional) e.g. Circles, workshops, development classes, seminars, tutorials etc. Please provide evidence of this experience, i.e. copies of workshop programmes you have devised, etc.

For T&A Use Only

Candidate accepted onto Scheme **Yes** _____ **No** _____ **Date** _____

Access Weekend Date and Place Attended

2nd Weekend Date and Place Attended

3rd Weekend Date and Place Attended

4th Weekend Date and Place Attended

Final Assessment Date and Place Attended

Recommendation:

