



HG PRACTITIONERS' PROFESSIONAL REGISTER ENTRY FORM

Name: _____

Qualifications: *(Please include all of relevance.)* _____

Professional Membership/s: _____

Practice address/location: _____

Postcode: _____

*(Note: if you do not want your address to appear on the online register, please tick here:
However, we would like your postcode so that we can include a link to a location map to help people find you.)*

Tel No/s: _____

Email: _____

Website: _____

(If you have a personal website which you would like to be considered for inclusion on the register, please include the address here.)

Specialises in: *(Please list areas you can help people with.)*

Further information:

(Please include any relevant additional information such as whether you take NHS referrals, relevant past experience, whether you have CRB disclosure, whether you are willing to travel to see clients, description of your practice setting etc. Please use additional paper if required.)

Photograph:

We are keen for everyone's register entry to include a friendly head and shoulder photo of themselves as this makes the entry far more personal and will encourage people to contact you.

Please either enclose a photo of yourself when you return this form, which we will scan and return to you, or send a high quality digital photo by email to: **design@humangivens.com** (ideally this should be saved to 320dpi, to a height of 5cm high, but if you can only supply an image at a lower dpi such as 130 or 72, please ensure that the photograph has been saved to a much larger size otherwise the final quality will not be good enough to use).

Please tick as appropriate: I enclose a photo, please return to me when you have scanned it.

I have emailed you a digital photo of myself to use on the register.

I hereby confirm that I am happy for the above information to be included on the HGI's HG Practitioners' Online Professional Register.

Signed: _____

Date: _____