



Therapy Space Enquiry Form

Date
Your contact details Name: Email: Contact number:
What therapy (ies) do you practice? (Please also note any areas of specialism or specific client groups you work with)
What type of room usage do you envisage ideally? Day of week Time of day Ad Hoc Block Do you have specific room requirements?
Experience History Date of qualification: How long have you been practicing post-qualification? Areas of specialism? Do you currently have an existing practice within East London or are you starting your private practice?

Have you ever had a complaint made against you? (please explain if yes)

Accreditation:

Professional Body:

What is your accreditation level?

Do you have practice insurance?

Marketing and generating referrals :

What materials do you currently use to promote your practice and to generate referrals? (website, business cards, leaflets, blog...)

How do you currently generate referrals?

In your own words, why would you like to join the Plane Tree?

Thank you for filling in this form. Please email to martina@theplanetree.co.uk or send a hard copy to:

**Martina Leeven
The Plane Tree
31 Roman Road
London E2 0HU**