



## **Dear Therapist**

Thank you for your interest in the Graduate Clinics at Neal's Yard Remedies.

## **The Concept**

To enable newly qualified therapists to practise from our Therapy Rooms we have established Graduate Clinics in most of our shops. The graduate licence fee is lower than main clinic and we cap the amount that is charged for a 1-hour treatment. This means we are able to offer lower priced treatments and therefore encourage a wider audience of clients to try natural medicines.

## **How It Works**

The minimum amount of time that you commit to practise is four months and your licence fee is charged at an ad hoc rate, this is deducted from your total revenue from clients every two weeks. We ask for a 1-year commitment from our Graduate Clinic practitioners, because after one year it is possible to move into our Main Clinic and therefore shortcut our normal two year minimum period. (This is dependent on the space available in the Main Clinic and is at the manager's discretion).

## **Licence Fees and Charges**

Covent Garden licence fee is £11.50 per hour and practitioners charge £35 for a 1-hour treatment. Norwich and Cardiff licence fee is £5.00 per hour and practitioners charge £25 for a 1-hour treatment.

All our other shops' licence fee is £7.00 per hour and treatment charge is £30.00 for 1-hour.

## **Legal Obligation**

All practitioners who practise in our Therapy Rooms are asked to sign a licence agreement, which outlines our standard operating procedures. They must also provide copies of their qualifications (for all therapies they wish to practise) in addition to providing proof of valid insurance cover and membership of governing bodies relevant to the specific modalities, to be returned with the application form. We as a company will also require a DBS (Disclosure and Barring Service) within the last three years.

Practitioners wishing to work within any of our London Therapy Rooms are generally required to register with the local Authority before commencing. Information is available from the Licensing Department of the Borough for which you are applying. For those practising outside of London you must check with your local council to see if your particular therapy requires registration.

Within the first 28 days of clinic practise all practitioners are obliged to complete a Health and Safety module at the shop.

## **Marketing**

We believe that practitioners are ultimately responsible for building their own practices and for attracting and retaining customers. However, the Neal's Yard Remedies brand is a strong brand that attracts customers and each shop and Therapy Room manager will work with their team of practitioners to develop and implement marketing ideas to build customer occupancy. We will support in many ways to help develop your business within Neal's Yard Remedies, from Social media campaigns to digital and internal store marketing. We also promote you on our website and within store.

## **What next?**

If you are interested in applying to practise from Neal's Yard Remedies Therapy Rooms, please complete an Application Form. Successful candidates will be interviewed for a specific vacancy (and asked to provide a trial treatment as part of their interview process) or will be entered into our practitioner talent pool database and interviewed as and when a vacancy arises.

Kind Regards,

## **The Therapies Team**

therapies@nealsyardremedies.com



## Graduate Clinic Application Form

Title: (Mr/Miss/Mrs/Ms/Dr)
First Name:
Surname:
Address:
Postcode:
Tel: (Home)
Tel: (Mobile)
Email:

Therapy/ies you wish to practise at NYR (Please enclose copies of relevant qualifications)	Year you qualified & number of hours attended for the course	Name of college, school or institution	Membership of a professional body/association is required. Please provide details of any membership relevant to this therapy.

### Office Use Only

Date received	Acknowledged	Scanned	Forwarded to	Other comments	Enclosed qualifications	Enclosed insurance

**Please indicate during your training:**

The number of case studies involved		
The number of treatments given		
The number of college hours spent studying each therapy		
Details of any clinic experience		
Total number of (regular) clients at this present time (if applicable)		
Total number of clients you see on average during the week		
Please give details of any other qualifications or training courses you have completed that you consider relevant:		
Do you hold a first aid certificate?	Yes	No

<b>Where would you like to work?</b>	<b>1st choice (please tick)</b>	<b>Also interested in (please tick)</b>
Borough Market (Stoney St.)		
Bristol (Whiteladies Road)		
Bromley (East St.)		
Bury St Edmunds (Abbeygate St.)		
Cardiff (Morgan Arcade)		
Covent Garden (Neal's Yard)		
Dorchester (Tudor Arcade)		
Farnham (25 Lion & Lamb Yard)		
Gillingham, Dorset (Peacemarsh)		
Glasgow (Royal Exchange Sq.)		
Islington (Upper St.)		
Leeds (Victoria Quarter)		
Manchester (John Dalton St.)		
Marylebone (112 High St.)		
Newbury (Parkway Shopping Centre)		
Notting Hill (Elgin Crescent)		
Norwich (Lower Goat Lane)		
Oxford (The Westgate)		
Richmond (King St.)		
Salisbury (Market Place)		
Sevenoaks (134 High St.)		
Shrewsbury (42 High St.)		
Stamford (53 High St.)		
St Albans (Christopher Place)		
Wimbledon (95 High St.)		
Windsor (Peascod St.)		
York (41/43 Low Petergate)		

Please explain why you wish to practise in Neal's Yard Remedies Therapies Rooms also mentioning what you would bring to the Company:

**Professional Reference. Please supply the name, email address, address with postcode and telephone number of two people who we may contact for a reference, one must be a course teacher or tutor. We will be asking them to confirm that you have a professional approach and enthusiasm for the subject. Please ensure your handwriting is legible.**

Course Teacher/Tutor	Other
Title (Mr/Miss/Mrs/Ms/Dr):	Title (Mr/Miss/Mrs/Ms/Dr):
Name	Name
Email	Email
Address	Address
Tel	Tel
	Your relationship to this person:

**All practitioners must be fully insured. Please provide details and a copy of your insurance.**

Insurance company	Policy number (Please enclose a copy of your policy)	Expiry date

Signed

Date

Once completed and signed, please return to The Therapies Department at the address below or email to [therapies@nealsyardremedies.com](mailto:therapies@nealsyardremedies.com). The Therapies Department can also be contacted on 01747 834649/668/628.

### Checklist

Have you included:

- Copies of your qualifications?
- A copy of your current insurance certificate?
- Names of two referees?
- Copies of your professional membership certificate(s)?
- Have you signed and dated your application?

We look forward to contacting you in the near future.

Kind regards

**The Therapies Team**