



Dear Therapist

Neal's Yard Remedies Therapy Rooms

Thank you for your interest in practising from Neal's Yard Remedies Therapy Rooms. As you may know, we have therapy rooms at many of our shops in London and around the country.

We are always looking for experienced, talented, and enthusiastic self-employed practitioners to join our team of therapists. We are interested in hearing from practitioners who have been qualified for a minimum of two years, are enthusiastic about building their own practice and will feel comfortable in the informal and dynamic Neal's Yard Remedies community. (If you have less than 2-years' experience please ask about our Graduate Clinics).

Licence Fee

Hourly adhoc fees will depend on the location of store you choose to work from. This can be found on our Licence Fee Structure.

Legal Obligations

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.

Prices

We ask that practitioners charge the same or similar to other therapists in the clinic as this is a reflection of the market in which we operate. We also request that appointment times are 30 minutes, 45 minutes, 60 minutes or 90 minutes duration.

Discounts

Once you have started practising from Neal's Yard Remedies Therapy Rooms, you will be eligible for our Practitioner Discount Scheme that offers discounts on a wide range of Neal's Yard Remedies products and training courses.

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 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 the Application Form and return it via email therapies@nealsyardremedies.com. Successful candidates will be interviewed for a specific vacancy 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



Main Clinic Application Form

Title: (Mr/Miss/Mrs/Ms/Dr)

First Name:

Surname:

Address:

Postcode:

Tel: (Home) **(Mobile)**

Email:

Office Use Only

Date received:

Acknowledged:

Scanned:

Forwarded to:

Other comments:

Enc.

Qualifications:

Insurance:

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.

Name of previous therapy rooms where you have practised	Dates when you rented therapy rooms here	Currently practising here? Yes/No	Total hours a week you rent/rented

Please give:

The total number of regular clients you have at this present time:

The total number of clients you see on average during the week:

The total number of hours you would like to practise each week:

Please give details of any other qualifications or training courses you have completed that you consider relevant:

Please provide details of your intended pricing to customers (only list prices for treatments that are relevant to you).

Therapy	Price of first appointment	Duration of first appointment	Price for 30 min appointment	Price for 45 min appointment	Price for 60 min appointment	Price for 90 min appointment

Where would you like to practise? Please choose from the following and indicate your first choice, other suitable locations and day(s) that you would like to practise.

Inside M25: Covent Garden (Neal's Yard), Notting Hill (Elgin Crescent), Richmond (King Street), Bromley (East Street), Borough Market (Stoney Street), Marylebone High Street, Islington (Upper Street), Wimbledon Village.

Outside M25: Bristol, Bury St Edmunds, Cambridge, Cardiff, Dorchester, Farnham, Gillingham Dorset, Glasgow, Leeds, Manchester, Newbury, Norwich, Oxford, Salisbury, Sevenoaks, Shrewsbury, Stamford, St Albans, Windsor, York.

1st choice:

Other locations:

Preferred day/s times:

Please apply direct to the following shops if you are interested in renting therapy rooms in Bath, Beverley, Cheltenham, Edinburgh, Exeter, Guildford, Hereford, Leamington Spa, Taunton, Tavistock or Totnes.

Please explain why you wish to practise in Neal's Yard Remedies Therapy Rooms also mentioning what you would bring to the Company: (please continue on a separate sheet if needed)

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

Do you hold a first aid certificate? Yes No

Signed

Date

Once completed and signed, please return to The Therapies Department at the address below or email to therapies@nealsyardremedies.com

The Therapies Department can also be contacted on 01747 834668/ 01747 657722/ 01747 657703.

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