



## Therapy Space Enquiry Form

<b>Date</b>
<b>Your contact details</b>  Name: Email: Contact number:
<b>What therapy (ies) do you practice?</b> (Please also note any areas of specialism or specific client groups you work with)
<b>What type of room usage do you envisage ideally?</b>  Day of week Time of day Ad Hoc Block  Do you have specific room requirements?
<b>Experience History</b>  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](mailto:martina@theplanetree.co.uk) or send a hard copy to:

**Martina Leeven  
The Plane Tree  
31 Roman Road  
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