Beckenham Pharmacy's Therapy Room

BeckenhamPharmacy.com

Carefield (Beckenham) Limited — Curated Therapist Application Form

Applicant Details
• Full Name:
• Address:
• Phone Number:
• Email Address:
• Date of Birth:

Professional Details

• Profession / Specialism: (e.g., Chiropractor, Chiropodist, Trichologist, Nutritionist, CBT Practitioner):
• Professional Body / Registration Authority:
• Registration Number:
• Years of Experience:

(Only practitioners in curated disciplines may apply.)

Qualifications
Please list your relevant qualifications:
Attached copies of certificates: YES / NO

5. Clinical Practice Information

• Brief description of your therapeutic approach:
• Any specialist techniques or modalities used:
• Do you require approval for any equipment? (Heat, chemicals, aerosols, mains-powered devices) **Yes / No** If yes, list items:

Insurance Details (Mandatory)
• Insurance Provider:
• Policy Number:
• Expiry Date:
Please attach a copy of your insurance certificate.

6. Availability & Rotation Commitment
Please indicate the weekly session(s) you wish to commit to, by circling availability:
Mondays, Wednesdays, Thursdays, Fridays
10:45 to 14:45 or **15:00 to 20:00**
If any other day & time combinations are an option please say so here:

Rotation Commitment

I understand that:

- I must maintain a consistent weekly presence of **at least 65%** over any 12-week period
- I must commit to a fixed weekly session
- I must give **2 weeks' notice** to change or cancel my rotation

Notes System & GDPR Compliance

I understand and agree that for any Patients introduced to me via the Pharmacy, or the Community of Therapists that the Pharmacy has brought together:

- The Pharmacy is the **Data Controller**
- I am a **Data Processor**
- I may only access notes for patients I personally treat
- I cannot export, download, or view other therapists' records
- The iPad must remain in the room at all times
- I must maintain strict confidentiality and GDPR compliance

Community Participation

I understand that the curated programme includes:

- Client feedback
- Therapist meetings
- Community outreach
- Professional collaboration

I agree to participate constructively in these activities.

Conduct & Restrictions

I confirm that I understand and agree to the following:

- I will not promote external service providers or suppliers similar to the Pharmacy
- I will not solicit or divert clients away from the Pharmacy
- I will maintain professional conduct at all times
- I will follow all safety protocols
- I will keep the room clean and report any damages immediately
- Maximum occupancy is two persons (therapist + client); chaperones must remain outside the room
- I will not bring food into the room
- I will not bring unapproved equipment

Performance Expectations

I understand that continued participation in the curated programme depends on:

- Satisfactory client feedback
- Professional behaviour
- Attendance reliability
- Compliance with all contractual terms

Failure to meet expectations may result in termination

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Declaration

I confirm that:

- All information provided is accurate
- I hold valid insurance and will renew it as required, and provide copies
- I agree to abide by the terms of the Curated Room Hire Agreement
- I understand that all clients booking through the Pharmacy remain clients of the Pharmacy
- I will not solicit or divert clients, but I will be allowed to maintain my own client base
- I will maintain professional standards and GDPR compliance
- I understand that failure to comply may result in immediate termination of this contract.

Signature:

Date: