



# KM WELLNESS SERVICES

## Affiliate Application Form

AFFILIATE APPLICATION FORM			
Full name and surname		Email	
Council Practice no:		Contact no.	
Physical address			
Practice address			
<b>Please answer the following questions</b>			
Do you have your own rooms to see clients?			
Areas (locations) you are able to render services, within your city?			
Are you able and willing to travel to meet clients who are unable to reach your office?			
Are you able to offer virtual counselling? (If yes, what platforms do you utilize for this?)			
Which languages do you speak other than English?			
Areas of specialization:			
Experience:			
Which counselling qualification do you possess?			
From which institution?			
Do you have your own laptop to generate report?			
Do you have constant access to internet?			
Do you have your own reliable vehicle?			
Which hours of operation are suitable as per your working schedule?			



Certified copies to attach to application form	<b>Checklist</b> <i>(Tick appropriate box to ensure all documents have been attached)</i>	
Copy of CV	<input type="checkbox"/>	
Copy of ID	<input type="checkbox"/>	
Copy of driver's license	<input type="checkbox"/>	
Copies of qualifications	<input type="checkbox"/>	
Copy of BHF registration	<input type="checkbox"/>	
Copy of current board registration (SACSSP; HPCSA)	<input type="checkbox"/>	

I ..... with ID number: ..... Acknowledge my intention to affiliate with KM WELLNESS SERVICES as a professional therapist.

By virtue of signing this form, I understand that I am not employed by KM WELLNESS SERVICES in terms of the south African labor Act, but I am affiliated with them for the purpose of rendering counselling services as per request.

I understand that remuneration for my services will be dependent on the cases allocated to me as a service provider.

Signed at (*place*) .....

Affiliate signature .....

Date .....

