



VISITING PRACTITIONER

SUBMISSION FORM

Date of Application:

Personal Information			
Full Name:			
Date of Birth:			
Phone Number:		Email(s):	
Address:			
City, State, Zip:			
Passport/ID:			
Currently Based in:		Citizenship(s):	
Website		Social Media: <ul style="list-style-type: none">• Facebook• Instagram• Twitter• Others please specify	

Key Modality:	
Other Modalities: Please specify if any.	
Length Per Session:	

For your Consultation/Classes, please let us know what equipment you require.	
Equipment Required: Eg: yoga straps/ yoga blocks	

For your accommodation preferences, please fill in below.	
Accommodation Request: Eg: Twin bedded	
Dietary Requirements & Food/Medication Allergies: Eg: Vegan/Gluten Free	
Other Request(s):	

Other Information		
Do you have any relatives/spouse working for the company? If yes, please state name and designation.	Yes	No
Do you hold any practice and/or private medical insurance? *If yes, please attach proof of insurances you hold and tick box under "Additional Information".	Yes	No

We also require the additional information and materials below:	
Please attach the following documents to facilitate the submission process. Tick box if document is applicable and attached.	
	Curriculum Vitae/Biography Please include the following details: <ul style="list-style-type: none"> • Title (eg: Teacher/ Ayurvedic Doctor/ Consultant/) • Qualifications/ Accreditations / Certifications • Describe yourself in 100 words • Describe your modality & specialisation (eg: Bodycare) • History (eg: Number of years in practice) • Any other details in up to 100 words.
	High Resolution Image i.e Headshot For professional photographs, please check with photographer if image is approved for reuse.
	Accreditations & Qualifications of Modalities (any services that does not have any certification will need a declaration of your ability eg: references/testimonials)
	Practice & Private Insurance(s)
	Proof of permission to use logos in collaboration with COMO Shambhala. You may represent a therapy or activity associated with a brand. Please furnish proof of permission that we are able to use these brand logos in collaboration with COMO Shambhala.



Remarks

- a) I verify that the above information and any additional documents attached hereto is correct to the best of my knowledge. I accept that providing deliberately false information could result in termination of any working relationship with COMO Shambhala.

By signing below, I hereby certify that I have read and understood all the clauses above and that I agree to all of them.

Signature:

Date:

FOR ADMINISTRATIVE PURPOSE ONLY

Signature:

Date: