



**The British
Rebirth
Society**

www.rebirthingbreathwork.co.uk

Membership Secretary

Karlyn Boyter
15 Greyfriars Gardens,
St Andrews, Fife,
KY16 9HG

Telephone: 07962 673456

Email: members@rebirthingbreathwork.co.uk

Application for BRS Practitioner

Name: _____

Tel/Mobile: _____

Address: _____

Postcode: _____

Email: _____

Name of Practitioner to whom you are
Apprenticed: _____

Name of sponsoring BRS Practitioner: _____

Signature of sponsoring BRS
Practitioner: _____

Name of your Rebirther if different
from above: _____

Signature of your rebirther if
applicable: _____

Details of trainings
taken: * _____

Experience of wet
rebirthing: * _____

No of paying clients taken through 10
sessions outside training environment _____

Dates of BRS meetings attended: _____

* Please use overleaf or a separate sheet of paper to detail your trainings and any information you wish to add.

I confirm that I fulfil all the prerequisites and I hereby apply for Practitioner status with the British Rebirth Society.

Signature: _____

Date: _____

At which meeting do you intend to apply for Practitioner Membership?

Please note:

1. This form should be received by the Membership Secretary at least 7 weeks before the meeting at which you intend to present.
2. Please enclose with this form:
 - + Certificates to confirm your training or contact addresses and phone numbers of your trainers.
 - + Your application fee of £5 (non-refundable)
 - + Minimum two feedback letters from your clients.
3. Details of the meeting venue to follow. Please enquire if necessary.
4. The BRS publishes a full list of practitioner members, which is available for public enquiries about services offered by Rebirthers. The list is also available internally and to other professionals and organisations which publicise breathwork and is included on the BRS website and BREATHE Magazine website.

Put a cross in this box if you DO NOT wish your name and address to be included in this list.