



egg of the universe

Application to Treat at Egg of the Universe

If you would like the opportunity to hire clinic space at Egg of the Universe, there is a simple process for applying. Please fill out the attached one page form and submit your completed application in person at the front desk at yoga reception or via e-mail (scanned) to info@eggoftheuniverse.com.

The opportunity to treat in the clinic is a privilege and the decision of which practitioners and modalities may treat in the clinic is based upon a number of factors and is at the sole discretion of Egg of the Universe.

When submitting your application, you should be aware of the following:

- The Egg of the Universe Clinic is open 7 days a week from 9am-7pm Monday to Friday, and 9am-4pm on Saturday & Sunday (closed on Public Holidays).
- The minimum commitment for Permanent Room Hire is six months.
- If accepted/approved, you may book a room for hire during these times ONLY, unless given special permission in writing to treat outside of these times.
- Your room hire must be paid fortnightly at least five days in advance of each treatment fortnight.
- For full details on treating at the Egg of the Universe Clinic, please refer to the Room Hire Overview. If accepted, you will be provided with a Room Hire Contract detailing the specifics of your treating arrangement. A draft of this contract is available by request from the clinic.

If you have any questions regarding this application process, please contact us at info@eggoftheuniverse.com

Thank you for your interest.



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Your Full Name:	Date of Birth:
Address:	Phone:
Email:	Website (if available):
Treatment modality that you would like to practice at the Egg of the Universe Clinic:	Date you qualified to practice stated modality (month/year):
Why do you want to hire a room at the Egg of the Universe Clinic?	Please list any other locations/clinics you offer the same services:
What are the Continuing Education requirements for your modality?	Have you met your Continuing Education requirements for this calendar year?
Do you have other qualifications? If yes, what are they (e.g. massage):	Have you ever been convicted in a court of law, in any country (excluding parking offences)? If yes, please detail.
Do you intend on offering them at the clinic?	
Please list details of your current First Aid certificate:	Please list details of your Public Liability insurance:
What is your preferred day(s)? Please detail if they are full days or multiple half days.	Please state any special equipment requests to be available in your treatment room:
Do you operate as a sole trader, business or company? What is your trading name and ABN?	When is your preferred start date? For how long do you intend to rent the room?
	<i>Please be advised for Room Hire the minimum time frame is six months.</i>

I, _____, believe the information I have provided above is correct. I understand that if I am able to rent a room at the Egg of the Universe Clinic, I am personally responsible for the treatments I give and the people I treat. I also take full responsibility for the property I bring to the clinic.

SIGNED BY APPLICANT: _____ DATE: _____