|  |  |
| --- | --- |
|  | *Please purchase your directory entry using the link on the IAAYW website (or where this has arrived by email, in the email). Complete the following agreement and profile template & send it to us along with scanned copies of required documents and a photograph of yourself and/or your logo (as is relevant to your listing) to:* *contact@itsallaboutyouwellbeing.com* |

**Directory Listing Agreement**

This is an agreement between **It’s All About You Wellbeing** (‘**IAAYW’**) and …………………………………………….

For a 12-month listing on payment of the fee(s) indicated below (tick each that applies):

|  |  |  |
| --- | --- | --- |
| Individual practitioner  | £35 |  |
| Secondary listing (e.g. as supervisor) | £10 |  |
| Event / groups listing | £15 |  |
| **Total to pay** |  |  |

* *Your listing will commence once this form and your payment of the total amount above has been received and your application has been approved*
* *Your 12-month listing period commences on the date your information is uploaded to the directory and is visible to viewers of the IAAYW website. You will be informed when this happens. You will receive n invitation to renew close to the expiry date.*

***IAAWY agrees to***

* Promote the IAAYW directory and the services listed therein via the IAAYW website, social media, local relevant public and professional events and professional networks.
* Inform you of changes to the delivery of our service that could have a material impact upon you or your service.

***You agree to:***

* Provide IAAYW with evidence of professional qualifications, current relevant membership of a professional body and of professional indemnity/public liability insurance and to maintain these for the duration of your listing.
* Update IAAYW with any material changes which affect your listing (i.e. change of location, ceasing practice etc) as soon as possible.
* Inform IAAYW immediately if you become subject to a complaint, disciplinary or other action which brings the quality of your practice into question.
* To include links to the IAAYW website on your own practice website.

**Additional Notes:**

* No listing duration shorter than 12 months is available. If you choose to end your listing before the end of your paid period no refund will be offered.
* If you become subject to a complaint, disciplinary or other action which brings the quality of your practice into question we may suspend or discontinue your listing with us.
* IAAYW reserves the right to terminate this agreement a) without notice or refund should you fail to uphold the terms of this agreement or b) should IAAYW be unable to uphold this agreement, when a refund of the fee relating to the unexpired listing would be made.
* In signing this agreement, you are confirming that you have read the IAAYW data protection /privacy policy and agree to your storage and use as described therein

I would like to subscribe to the IAAY / STUDIO one therapy hub newsletter: (Y/N) …....................

Signed…………………………………………………… Name………………………………………… Date……………….

***On behalf of IAAYW***

Signed…………………………………………………….. Name……………………………………….. Date………………..

***Registrant***

**Profile template (only give the contact information you are happy to have published)**

|  |  |  |  |
| --- | --- | --- | --- |
| Your name: |  | Qualifications to be listed with name, e.g. MBACP (reg): |  |
| Town:  |  | County:  |  |
| Phone 1 |  | Email  |  |
| Phone 2 |  | Website URL |  |
| Brief details about your LGBT+ client work experience or training  |  |  |  |

|  |  |
| --- | --- |
| Website URL – primary listing |  |
| Description of service (maximum 100 words): |

|  |  |
| --- | --- |
| Website/page URL – secondary listing |  |
| Description of service (maximum 100 words): |

|  |  |
| --- | --- |
| URL – secondary listing (supervision /group etc)  |  |
| Description of service (maximum 100 words): |

**Checklist: accompanying this form, I have sent:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Scan of payment evidence  |  | Photograph |  | Logo |  |
| Scan evidence of Qualification(s) |  | Professional body membership |  | Insurance |  |

**IAAY office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| Date documents received |  | Payment received? |  |
| Date profile(s) added to directory |  | Invitation to renewal sent? |  |