**Specialist Therapist 2025 - Entry Form**

Please complete the below form accurately, including as much relevant information as possible. Please be aware of the word count for each section. Failure to stay within the maximum word count may result in disqualification.

Please note the additional supporting information required to enter this award, which is detailed on the last page. Failure to supply all the requested information may result in disqualification.

**Section 1 – Contact details**

|  |  |
| --- | --- |
| Full name:  |  |
| Salon name: |  |
| BABTAC Membership number (if current member) |  |
| Business address: |  |
| Email address: |  |
| Social Handles: |  |
| Contact number: |  |
| Signature: |  |
| Date: |  |

**Section 2 – Your experience**

2.1 Please provide a brief overview of your relevant experience for this category and why you decided to specialise in this field (refer to the **‘How to Enter’** form for the skills and experience required for this category):

|  |
| --- |
| *300 words maximum* |

2.2 Tell us why you think you should win this award:

|  |
| --- |
| *300 words maximum* |

**Section 3 – Evidence**

3.1 Tell us how you ensure the highest standards when performing treatments, including health and safety, hygiene, client care and customer service:

|  |
| --- |
| *300 words maximum* |

3.2 Please outline how you have achieved success over the past 6 – 18 months:

|  |
| --- |
| *500 words maximum* |

**Section 4: Supporting documents**

Please use the checklist below to ensure you have provided the required supporting information to enter this category:

* Qualification certificates (Non-members and Associate Members only - Insured members do **not** need to supply these as we have them on record)
* BABTAC membership certificate (Members) **or** Proof of insurance (Non-Members & Associate Members)
* Signed and dated terms & conditions
* Further evidence as Stipulated in the ‘How to Enter Form’ (please note these vary for each category so ensure you have read the correct how to enter form

**REMEMBER:** Failure to supply **all** the above information may result in disqualification