



healing in colour

HEALING IN COLOUR REGISTRATION FORM

send completed form and profile picture to healingincolour@gmail.com

SECTION 1 - Allied Practitioner info

Practitioner name: _____

Type of service offered (ex. bodywork; coaching): _____

Practice website: _____

PROFILE PHOTO: Please attach a **profile photo** of yourself (at least 600x600 pixels) if you would like it to be on the directory (this is optional but strongly recommended).

SECTION 2 - Statement of Values

Anti-oppressive values are an integral part of this project. All practitioners must read our Statement of Values (below), and **sign this form to signal that your practice aligns with our values.**

- I am Black/Indigenous/a person of colour, and I am committed to anti-oppressive values in my practice.
- My values are pro-queer, pro-trans, pro-sex worker, pro-Black, pro-Indigenous and anti-colonial.
- I actively work to disrupt power inside and outside the professional setting, and to be ethical, responsible and accountable to the communities I serve.
- My approach is non-pathologizing and my work respects the dignity and agency of BIPOC in all our intersections.
- I agree to list the information provided above on the Healing in Colour website.

Signature

Date