



# THE THERAPIST

(Journal of Therapies & Rehabilitation Sciences)

## Advisory Board Member Consent Form

**Contact details:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

University/Organization: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ CNIC: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone (Official): \_\_\_\_\_

Personal Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Qualification: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Areas of Expertise: \_\_\_\_\_

**I consent to be the member of THE THERAPIST as an Advisory Board Member.**

\_\_\_\_\_  
**Signature and Stamp**

Please return this form (scanned by email) to:

- The Editor: [editor@thetherapist.com.pk](mailto:editor@thetherapist.com.pk)

**Please Attach:**

- a. Curriculum Vitae (Please ignore if already sent)
- b. Professional Membership (if any)
- c. Relevant publications in the last two years