



# THE THERAPIST

(Journal of Therapies & Rehabilitation Sciences)

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## **Editorial Board Member & Peer Reviewer Consent Form**

### **Contact details:**

Surname: \_\_\_\_\_ 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 Editorial Board Member & Peer Reviewer.**

### **Signature and Stamp**

Please return this form (scanned by email) to:

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

### **Please Attach:**

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