

The Bath Reflexology Centre
ENROLMENT/REGISTRATION FORM
Practitioner's Course in Reflexology

NAME (Mr/Mrs/Miss/Ms)

ADDRESS Date of Birth

..... Phone no (day)

..... (eve)

..... (mobile)

Postcode

Email:

PRESENT OCCUPATION

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QUALIFICATIONS (GCSEs, A levels, Further, Higher Education etc.) Please use separate sheet if necessary.

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RELEVANT QUALIFICATIONS/EXPERIENCE, if any. Please also enclose a short statement explaining your experience and why you would like to do Reflexology. Please use a separate sheet if necessary.

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Do you have any special needs (i.e. dyslexia)? If "yes" please give details:

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Do you have any health problems, physical or mental?

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I wish to apply for a place on the Practitioner's Reflexology Course and enclose a registration fee of £200 (payable to The Bath Reflexology Centre). I have read and understand the enrolment procedures.

SIGNED

DATE

RETURN TO: The Bath Reflexology Centre,
Pathways,
Beachwood Cottage,
Lansdown,
Bath BA1 9DB

Please tell us how you heard about the course:

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