

THE VOCATIONAL COLLEGE OF HEALING

Application Form

Name:..... Date of Birth:.....

Address:.....
.....

Telephone Nos: Mobile - Other

Emergency Contact details:
.....

Title of Course Applied For:

Venue and Start Date:.....

Medical Health - please circle as appropriate

Are you affected by: Epilepsy Diabetes Pregnancy Heart conditions

Past/present mental health issues Dyslexia-related conditions Asthma

Other (please state)
.....

Reason for choosing the course:

Please give details of previous therapy courses/qualifications:
.....
.....

Please circle as appropriate

Please pay by cheque, made payable to The Vocational College of Healing

I have enclosed a deposit of £45.00

I have enclosed a deposit and part of the remaining course fee - £.....

I have enclosed the full course fee - £.....

I have read and agreed to the Booking Terms & Conditions

Signed:

Date of Application: