



APPLICATION TO REGISTER 2021

The Professional Practitioner's Diploma in Energy Healing

Full name		
Name for certificates if different		
Address		
Post code		Date of Birth
Email		
Telephones	Landline:	
	Mobile:	
Next of kin including contact details		
What are your reasons for doing this course		

What do you hope to achieve

Please tell us more about yourself : your hobbies; work experience and other courses you have studied

Character reference.

Please name one person who would be prepared to provide a character or professional reference if needed; including their preferred contact details.

Please let us know here if you have any health conditions or allergies that we need to be mindful of in class.

Date of application

Note: If your application is accepted then we will contact you with registration details.

Office use only:

Date of registration acceptance

Notes: