

THE COLLEGE OF HEALING

Advanced Healing Modules - Application Form



Please complete this form in clearly for our records.

Name of the Advanced Healing Module you wish to attend:

Name:			
Date of Birth:			
Address:			
Telephone Home:		Mobile:	
Email Address:			
Main Occupation:			
Relevant Qualifications:			

1. Have you followed any other courses on healing, meditation, psychology, psychic development or esoteric teachings? If so, please give details.

2. Please give your reasons for wishing to attend this course.

3. Are you currently a registered Healer, and if so, with whom?

4. Please give details of your experience as a Healer over the last 2 years.

5. Are you currently, or have you in the past two years, taken any orthodox medicine or complementary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.

6. Please tell us how you heard about us and any other information that you may consider relevant.

Personal referees (not family members)

Name _____	Name _____
Address _____ _____	Address _____ _____
Occupation _____	Occupation _____
Telephone No _____	Telephone No _____
Email _____	Email _____

Professional referees

Name _____	Name _____
Address _____ _____	Address _____ _____
Occupation _____	Occupation _____
Telephone No _____	Telephone No _____
Email _____	Email _____

I authorise the College of Healing to obtain references to support this application and release the company and referee from any liability caused by giving and receiving information. I confirm that the information given on this form is, to the best of my knowledge, true and complete.

Signature _____ Date _____

Upon acceptance to the Advanced Healing Module, a letter will be sent to you requesting a deposit and your choice of payment method. You may chose to pay in full or by monthly standing order.

NOTE: The College reserves the right to cancel scheduled courses if there are insufficient students enrolled. Alternative dates, or a refund of deposit, will be offered in this event.

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