

# **Anglian School of Craniosacral Therapy**

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Principal: Mike Harrison, BSc(Hons), RCST, DipISRM

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## **Anatomy, Physiology and Pathology Foundation Course**

**October 2012 - June 2012**

### **APPLICATION FORM**

#### **PERSONAL DETAILS**

Family Name: ..... Forename: .....

Name by which you like to be called if different from the above (this will appear on your certificate)

.....

Address:.....

.....

..... postcode: .....

Phone No: home ..... work .....

Mobile Phone: ..... e-mail: .....

Date of Birth: ..... Gender: M F (Please circle one)

Nationality: .....

English Language: Good Medium Weak (Please circle one)

#### **OCCUPATION AND EDUCATION**

Current Occupation(s): .....

Previous Occupation(s): .....

Qualifications:

.....

Education and experience in health related subjects:

.....

.....

.....

Learning difficulties (please enclose assessment(s)):

.....

**YOUR HEALTH**

Please list any significant health problems - past or present - physical or psychological:

.....  
.....  
.....  
.....

By signing this form below, you confirm that you are not currently suffering, nor have in the past suffered, from any significant health problems other than those listed above.

Where did you hear about the course? (Please be specific) .....

.....  
.....

Why did you choose this school? .....

.....  
.....

What are your objectives in taking this course? .....

.....  
.....

**FEES**

Payment is due as follows:

- £ 100 non-returnable deposit to secure your place on the course.
- £ 550 interim payment of due by 1<sup>st</sup> October 2012.
- £ 550 final balance due by 1<sup>st</sup> January 2013.
- £ 1200 Total**

All fees are non-refundable. Applicants may deduct 10% of the course fee (total then £1080) if paying the whole amount in advance.

I enclose payment of: £ ..... made payable to M J Harrison

*Payments may also be made by bank transfer to M J Harrison, sort code 54-41-67, a/c 55015611*

**Signed:** ..... **Date:** .....