

Anglian School of Craniosacral Therapy

1a Knowle Road, Sheringham, Norfolk NR26 8PX
tel: 01263 825149 email: admin@craniosacral-training.co.uk

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

Craniosacral Therapy Diploma Course

October 2015 - June 2017

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)

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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

Current Occupation(s):

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Previous Occupation(s):

.....

EDUCATION & TRAINING – give course title, award, school/institution and date [continue on separate sheet]

FURTHER EDUCATION (NVQ level 3 and below)

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HIGHER EDUCATION (NVQ level 4 and above, degree and postgraduate)

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THERAPY TRAINING

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TRAINING IN ANATOMY & PHYSIOLOGY

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Learning difficulties (please enclose assessment(s)):

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THERAPIES PRACTISED

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OTHER

THERAPY EXPERIENCE: do you have experience of craniosacral or other therapies as a patient? If yes please give details.

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BIRTH HISTORY: please list known details incl mother's pregnancy:

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DISABILITIES: please list any disabilities for which you need assistance

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MEDICAL HISTORY: please list any illnesses, surgery or accidents requiring hospitalisation:

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HEALTH: Please list any significant past or present problems - physical or psychological, including medications:

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Please see also the attached declaration.

HOW DID YOU HEAR ABOUT THE COURSE? (Please be specific)

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WHY DID YOU CHOOSE THIS SCHOOL?

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WHY DO YOU WISH TO STUDY CRANIOSACRAL THERAPY?

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FEES – total £4560

Payment for the first part of the course is due as follows:

- £ 100 non-returnable deposit to secure your place on the course.
- £ 660 interim payment of due by 1st October 2015.

£ 760 total for part 1 of the course

All fees are non-refundable. Applicants may deduct 5% of the course fee (total then £4332) if paying for the whole course 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:**