

Anglian School of Craniosacral Therapy

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

ADDENDUM TO APPLICATION

Applicant _____

DECLARATION

When you qualify, you will represent the Anglian School of Craniosacral Therapy as the awarding body, The Craniosacral Therapy Association if you register (which we strongly recommend), and craniosacral therapy in general. We need to be assured of your overall fitness to practise and obtain insurance.

1. Please list here any arrests, convictions or cautions which may prejudice your acceptance as a student or your subsequent registration as a practitioner. To avoid later embarrassment, please include all such circumstances to allow us to judge each case on its merits. If in doubt, please contact the school, where you will receive sympathetic advice. Please also mention if you are on probation. Continue overleaf if necessary.

Details of arrest/conviction/caution

date(s)

Details of arrest/conviction/caution	date(s)

Signed _____ date _____

2. Please list here any health issues which may affect your performance as a student or subsequently as a practitioner. If in doubt, please contact the school, where you will receive sympathetic advice. List all medications.

Signed _____ date _____

COMMITMENT

The stability of the student group is important because of the support you can give to each other at many levels. Equally, the financial health of the school is essential to ensure its continuance, and its ability to provide tutorial and pastoral support to students. In this section your signature represents a commitment by you to allocate appropriate and sufficient time to keep up with the practical and theoretical elements of the course, and to ensure that you have sufficient resources to sustain whichever payment plan you have chosen (which you may in any case alter as circumstances demand). Whenever you face actual or potential difficulties in either of these cases, please contact the school, where you will receive sympathetic and supportive advice.

Signed _____ date _____