



DIPLOMA COURSE APPLICATION

BIOREGULATORY MEDICINE

Please note that all applications are subject to review and acceptance by the Academy Board. Successful applicants will be offered the place by the Course Principal in written form.



Irish Society for Bioregulatory Medicine

1. General details

*Required

* Full name

* Clinic/Hospital/Surgery (if appropriate)

*Address

* Postal address (if different from above)

*Phone

Fax

Mobile

Email

2. Education

University Education

Higher education

* Professional education (complementary or specialist courses)

3. Medical Experience

* Describe type of practice and duration

4. Accredited Modalities

Please list medical modalities you have completed including short professional CPD seminars or courses.

Medical Doctor or Veterinary/Dental Surgeon

Please tick

☐

Psychotherapist, Psychologist

☐

Accredited complementary practitioners (i.e. naturopathy, acupuncture, herbalism, chiropractic...)

☐

Non Accredited complementary practitioners (i.e. healers, bioresonance...)

☐

Other

5. Payment details

The Course Fee for academic year 2013/14 is (EUR) 3,200.

Initial Deposit of returnable Eur 1,200 is required by all applicants. Once the place is offered and accepted, deposit fee becomes non-refundable and the rest of fee is payable in full before commencement of the course.

Please charge my card

Visa ☐

Master ☐

Exp ____ / ____

Card number

Please tick

I would like to pay Deposit of 1,200 *

☐

I would like to pay full fee

☐

6. Declaration

I hereby declare and confirm that I will abide by the rules and information provided in the prospectus and Course handouts

Date _____ Name _____ Signed _____

The Registrar, Plassey Park, Limerick, Phone: 061 33 44 55

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