

APPLICATION

PSYCHOSOMATIC BODYWORK

Certificate Course

All applications are subject to review and acceptance by the Academy Board.

The place will be offered in written by Course Principal, and deposit will be refunded in full for those the place may not be offered on this occasion.



The Academy for Bioregulatory Medicine

1. General details

***Required** - you must fill in these sections

* Full name

* Clinic/Hospital/Surgery (if appropriate)

*Address

* Postal address (if different from above)

Phone

Fax

Mobile

Email

2. Education

University Education

Higher education (A level or equivalent)

* Professional education (complementary or specialist courses)

3. Medical Experience

* Describe type of practice and duration

4. Accredited Modalities

Please list modalities you have experience or education including short professional CPD seminars or courses

	Please tick
Medical Doctor or Veterinary/Dental Surgeon	<input type="checkbox"/>
Psychotherapist, Psychologist	<input type="checkbox"/>
Accredited complementary practitioners (naturopathy, acupuncture, herbalism, chiropractic...)	<input type="checkbox"/>
Non Accredited complementary practitioners (healers, bioresonance...)	<input type="checkbox"/>
<input style="width: 100%; height: 30px;" type="text"/>	
Other (please make a note)	

5. Payment details

The Course Fee for academic year 2011/12 is £970.- payable before commencement of the Course. Once place is accepted the fee is nonrefundable.

Please enclose cheque in credit of "biomedical foundation"

Please charge my card

Visa
 Master
 Exp _____/_____

Card number

I would like to pay Deposit of £300 (*required)

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 _____

Please send filled in application with payment to: Academy for Bioregulatory Medicine, Biomedical Centre, 23 Manchester Street, London W1U 4DJ