

COURSE APPLICATION

BIOREGULATORY MEDICINE



The Academy for 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.

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 is **£4,100**
 Initial Deposit of returnable **£1,000** 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.

- Card number
Please charge my card
 Master Exp ____ / ____
 Visa
 - Please enclose cheque in credit of "biomedic foundation"
 - Bank Transfer: Barclays Bank, 20-69-17, account no. 70631507
 IBAN: GB80 BARC 2069 1770 631507 SWIFTBIC:BARCGB22
- I would like to pay Deposit of ***£1,000**
 I would like to pay full fee Please tick

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, Biomedic Centre, 23 Manchester Street, London W1U 4DJ