



APPLICATION FORM

BRCP Registered Course

**Academy for Bioregulatory Medicine
International Distance learning Course**

Homotoxicology Course
(Bioregulating Medicines including Homotoxicology and Homeotherapeutics)

Title _____ Full Name _____ DOB _____

Correspondence Address _____

E mail _____ tel. _____ mobile _____

University course (Years, University Name) _____

O-levels, A-levels and equivalent _____

Graduate Qualifications, Degrees, Diplomas, memberships _____

Seminars and short courses _____

Certificate of Membership (state which registering body and forward photocopy of Certificate)

Medical experience (technicians, podiatrists, biochemist..etc, as indicated in Professions Ancillary to Medicine Lists (Department of Health) _____

Complementary medicine experience _____

Medical experience (medical nurse and medical auxiliary professions) describe duties and years of practice

Recent CPD points give dates _____

All cheques payable to the Biomedic Foundation

tick off

I would like to pay full fee for the Course and exam on Saturday (£885)

I want to book practical day on Sunday (£290)

Credit card details: card type:- _____ Card number: _____

Name on card: _____ Expiry date (mm/yy): _____ / _____

Bank Transfer: sort code : 20-69-17 account No.:70631507

Biomedic Foundation, SWIFTBIC: BARCGB22 IBAN: GB80BARC206917 70631507

Barclays bank, Baker Street, London UK

I confirm that I will abide by the rules and information provided in the prospectus and I will be in possession of recommended textbooks by the commencement of the course; I understand that fees paid for the Course are not refundable

SIGNED **DATED**