

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 _____

Post 18 years 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

tick off

All cheques payable to the Biomedic Foundation (the Charity)

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: _____ Issue number (only for Master card): _____

**Bank Transfer:
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**