

APPLICATION FORM

Full Name _____ Mr/Mrs/Ms/Miss

Address _____

_____ Post Code _____

Name to appear on Diploma (2 names only) _____

Tel No. *Daytime* _____ *Evening* _____

Mobile _____ *E mail* _____

Present Occupation _____ D.O.B. _____

Qualifications

List academic and any vocational or professional qualifications. (Please enclose copies of professional certificates)

Previous training relevant to the course _____

Name of course for which you are enrolling _____

Date of commencement _____ Weekends/Days
£

Total cost of course _____

Non-returnable deposit enclosed _____

Please make cheques payable to Alison Rostron and return the form to

The Alison Rostron School of Massage
373 Unthank Road, Norwich. NR4 7QG
Telephone No: (01603) 250595

Signature _____ Date _____

School use: Date paid

Inv. No.

Book