

The St. Lucia School of Holistic Therapy

APPLICATION FORM PLEASE USE BLOCK CAPITALS

PLEASE ATTACH A
PASSPORT SIZED
PHOTOGRAPH HERE,
OR IF FAXING THE
FORM, PLEASE SEND A
PHOTO SEPARATELY

(Miss.....] [Mrs.....] [Ms.....] [Mr.....]

First Name(s):.....

Surname:.....

Permanent Address:.....
.....

Country:.....

Present Age:.....

Date of birth (Day/Month/Year):.....

Home Telephone Number:.....

Work Telephone Number:.....

Mobile Telephone Number:.....

Fax No:.....

Email address:.....

I wish to enroll at the Holistic Therapy School of St. Lucia, and wish to take the following course (s):
(check prospectus for choices)

Course Title:.....

Course Start Date.....

Course Code:.....

Sorry no personal cheques please.

I enclose a Deposit / Full Course Fee (delete as necessary) of \$.....
(Standard deposit is 20% of 'TOTAL')

Please make direct deposit to: First Caribbean International Bank

Account: The Holistic Therapy School, A/C# 1066634365

Are you on long-term medication? YES [.....] NO [.....]

If 'YES', please state what for:

PLEASE TICK IF YOU SUFFER FROM ANY OF THE FOLLOWING CONDITIONS:

Heart Disorder[.....] Hearing Impairment[.....] Mental Ill Health[.....] Migraines[.....] Back Problems[.....]

Diabetes[.....] Emotional/behavioural[.....] Asthma[.....] Dyslexia[.....] Allergies[.....] Anxiety Attacks[.....]

Disability affecting mobility[.....] Epilepsy[.....] Numeracy problems[.....] Visual Impairment[.....]

Phobias[.....]

Nervous Disorder[.....] Other Physical disability[.....]

Other (Please state):.....

Please tick any circumstances which are currently appropriate to you:

Employed[.....] Self-employed[.....] Unemployed[.....]

In full-time education[.....] Studying part-time elsewhere[.....] Home-maker[.....]

DECLARATION:

I have read, understood and agree to the St. Lucia School of Holistic Therapy Terms and Conditions. I have retained a copy.

SignatureDate

(Signature of employer, if applicable. Please note: You must be 18 years or over at the start of your course.)