

Practitioners Diploma in Reflexology Enrolment Form

Mr/Miss/Mrs/Ms (Delete as applicable)

Surname

Forename(s)

(Please write your names clearly and in the way you would like them to appear on your certificate)

Address
.....
.....Postcode.....

Phone Mobile.....

E-mail

Date of Birth

I wish to attend: (please delete)

Nottingham/Derby (Start date Saturday 4th Sept 2010)

Manchester (Start date Sunday 5th Sept 2010)

Leeds (Start date Saturday 11th Sept 2010)

Sheffield (Start date Sunday 12th Sept 2010)

Qualifications - Subject:

Date:

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Please say how you found out about this course:

I understand that all information on this form will remain confidential. I understand that I can pay by instalments if I so wish and I agree to the terms and conditions of the school. I consent to any registration and course data being entered into the school's computer.

SIGNATURE:

DATE:

I enclose a cheque for £150.00 as non-refundable deposit (*all monies are refunded if course is cancelled*). Cheques to be made payable to "Jubilee College Ltd" (credit/debit cards not accepted).

Details of and directions to your chosen venue will be forwarded with your receipt.

Please return completed form to:

Jubilee College, 128 Main Street, Newthorpe, Notts, NG16 2DG.

OFFICE USE ONLY

AoR Candidate Number