Holistictraining.org
Enrolment Form and Learner Agreement

Section 1. Personal Details			
Title:	First Name:		Family Name:
□ Male	□ Female		Date of Birth:
Address:			
			Post Code:
Telephone Daytime:		Telephone Evening:	
Telephone Mobile:		Email Address:	
Have you completed any Complementary Therapy courses before:			
□ Reflexology □ Massage □ Aromatherapy □ Indian Head Massage			
Do you consider yourself to have any disabilities and therefore require additional support? If so please tell us what they are:			

Section 2. Course Details				
Course Code	Title	Start Date	Week	Start Time

I am happy I have chosen the right course for me and I agree to do the necessary work and/or accreditation, as appropriate. I have received sufficient advice, guidance and information about the course and what it involves. I received this information from:
□ Staff □ Prospectus □ Information Sheet
Declaration: I agree to accept the policies of Holistictraining.org and confirm the information above is accurate and I agree to inform Holistictraining.org of any changes in my circumstances. I confirm that I have been ordinarily resident in the UK or European Union for at least 3 years. (If in doubt please speak to administration).

Student Signature:	Date:

Office Use:

Course Code	Course Fee Due	Exam Fee Due	Fee Paid	Receipt No.	Payment Method	Date	Balance Owed	

NOTES		**Learner ID:**
		Confirmation sent □

Data Protection Act 1998 – At no time will your personal information be passed to organisations for marketing or sales purposes.