

COURSE APPLICATION

please detach and return in the envelope provided

Full Name:

Name you like to be known by: Your date of birth:

(You must be over 18 to join the course, but there is no maximum age!)

Address:

Telephone: (day) (evening)

I wish to join Oxford School of Reflexology's full reflexology course. I have read and understood the Terms and Conditions relating to the course, and I have discussed with the Principal any aspect of the course or its administration which is unclear.

I would like to join: *(tick as appropriate)*

Course OSR16 beginning 25th September 2004 (**weekends**)

Course OSR17 beginning February 2005 (**weekends**)

I enclose a deposit of £200.00, refundable in the event I am not offered a place on the course.

I wish to pay the balance of fees:

(tick as appropriate after reviewing the attached fee schedule)

In full in advance.

(Balance due on commencement of course)

In staged instalments.

(See attached fee sheet for instalment details)

By means of a Career Development Loan.

(Please apply for the loan direct to the agency – ask us if you need help)

Signature:

Date:

Please tell us a little about yourself. Be honest – it isn't a test and there are no wrong answers...

Do you already have any qualifications in complementary therapies?

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Are you working in any form of health care at the moment?

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What, briefly, do you hope to gain from a course with OSR?

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(No need for an extended essay – we'd just like to have a general idea!)

If you are not yet sure that you would like to apply, come and meet us and see the School in action.

Just return this half of the form, indicating which weekends would be convenient for you to come and see us. We will get in touch to arrange your visit.

My best weekends/weekdays to visit the course are (please fill in):

Name Telephone