## THE COLLEGE OF HEALING

## **Advanced Healing Modules - Application Form**

Please complete this form clearly for our records.

Name of the Advanced Healing Module/Workshop you wish to attend:



Name:				
Date of Birth:				
Address:				
Email Address:				
Telephone(s):				
Main Occupation:				
Relevant Qualifications:				
1. Have you followed any other courses on healing, meditation, psychology, psychic development or esoteric teachings? If so, please give details.				

Are you currently a registered Healer, and if so, with whom?  Please give details of your experience as a Healer over the last 2 years.  Are you currently, or have you in the past two years, taken any orthodox medicine or complementary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.	. Please give	your reasons for wishing to attend this course.	_
Please give details of your experience as a Healer over the last 2 years.  Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
Please give details of your experience as a Healer over the last 2 years.  Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
Please give details of your experience as a Healer over the last 2 years.  Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
Please give details of your experience as a Healer over the last 2 years.  Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
Please give details of your experience as a Healer over the last 2 years.  Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
Please give details of your experience as a Healer over the last 2 years.  Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
. Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.	. Are you cu	rrently a registered Healer, and if so, with whom?	
Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
Are you currently, or have you in the past two years, taken any orthodox medicine or complenentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			_
nentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.	. Please give	details of your experience as a Healer over the last 2 years.	
nentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
nentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
nentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
nentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
nentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
nentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			
nentary/alternative remedies or medicines, prescribed or self prescribed? If so, please specify.			_
. Please tell us how you heard about us and any other information that you may consider relevant			_
. Please tell us how you heard about us and any other information that you may consider relevant			
. Please tell us how you heard about us and any other information that you may consider relevant			
. Please tell us how you heard about us and any other information that you may consider relevant			
. Please tell us how you heard about us and any other information that you may consider relevant			
Please tell us how you heard about us and any other information that you may consider relevant			
. Please tell us how you heard about us and any other information that you may consider relevant			
Please tell us how you heard about us and any other information that you may consider relevant			_
. Please tell us now you heard about us and any other information that you may consider relevant	Dioaco toli	us how you heard about us and any other information that you may consider releve	nn+
	. Please tell	us now you heard about us and any other information that you may consider releva	JIII

Personal referees (not family members)		
Name	Name	
Address	Address	
Occupation		
Email	Email	
Professional referees		
Name	Name	
Address	Address	
Occupation	Occupation	
Email	Email	
company and referee from any liability ca	in references to support this application and release the used by giving and receiving information. I confirm that he best of my knowledge, true and complete.	
Signature Date		
·	g Module, a letter will be sent to you requesting a depos may chose to pay in full or by monthly standing order.	
•	se may be delivered online, e.g. downloading material fongs, for which you would need a computer/tablet/	

smartphone with camera and microphone and access to the internet.

Please be aware that this course is not appropriate if you are pregnant, or think you may be pregnant, or if you have used recreational drugs within the last 5 years.

The College reserves the right to cancel scheduled courses if there are insufficient students enrolled. Alternative dates, or a refund of deposit, will be offered in this event.

The College of Healing, PO Box 342, Malvern, WR14 9GU m: 07442 497263 e: info@collegeofhealing.org www.collegeofhealing.org