



## Application Form

First Name:

Surname:

Date of Birth:

Address:

Telephone (landline & mobile):

Email address:

Please tick which course you are applying for:

**Foundation Level in Crystal Healing**

**Certificate Level in Crystal Healing**

**Diploma Level in Crystal Healing**

*Please state the date the course commences:*

On your course you will be giving and receiving healing on a regular basis. Some medical conditions should be monitored when receiving healing, and your state of health can affect the quality of the healing you give. It is therefore important that we have an understanding of any pre-existing medical or mental health conditions you may have, and any treatment you may be receiving as a result. Please be as honest as possible. Your answers will not exclude you from the course, and will be treated with confidentiality.

Please tick any existing or past condition that you have been diagnosed with:

- |                     |                              |
|---------------------|------------------------------|
| Diabetes            | Epilepsy                     |
| Heart problems      | Circulatory problems         |
| High blood pressure | Low blood pressure           |
| Digestive disorders | Dysfunctional nervous system |
| Asthma              | Allergies                    |
| Depression          | Haemophilia                  |
| Hypothyroidism      | Hyperthyroidism              |
| Cancer              |                              |

*Please use this space to give a brief explanation of any conditions you have now or have had in the past:*

Do you currently have, or have you had in the past, any other medical or mental health conditions?      Yes                      No

*If yes please give a brief explanation:*

Are you currently under the doctor's care for any reason?      Yes                      No

*If yes please give a brief explanation:*

Are you currently receiving complementary treatments?      Yes                      No

*If yes what treatment/therapy:*



Are you on any prescription medications? Yes No

*If yes what medication:*

Are you pregnant? Yes No

Do you smoke? Yes No

Do you drink? No Moderate Heavy

Have you ever had a substance abuse problem? Yes No

*If yes please give a brief explanation:*

### **Payment**

Payment, either in full or the initial instalment is due on booking.

Do you wish to use the instalment payment facility? Y/N

If so, we will send you an invoice and Standing Order Mandate. If not, you will receive just an invoice. Your invoice (and Standing Order Mandate if applicable) will be issued upon receipt of this form which, once paid, will confirm your place on the course.

**By submitting this form, I confirm that I have answered all questions honestly and to the best of my knowledge.**

Applicant's Signature:

Date: