

ENROLMENT FORM

Send this completed form, together with your cheque (made payable to Laurel Alexander) to Wellness For Life, 101 Osborne Road, Brighton, Sussex BN1 6LW. If you would like to pay online using PayPal or your credit card, please pay online, complete this form and send with a covering note. If you would like to pay by BACS or standing order, please contact Laurel at www.laurelalexander.co.uk to make arrangements.

I wish to apply for enrolment on the:

- | | |
|--|--------------------------------------|
| Australian Flower Essences | <input type="checkbox"/> please tick |
| Bach Flower Remedies | <input type="checkbox"/> please tick |
| Diploma In Bach Flower Remedies | <input type="checkbox"/> please tick |
| Introduction To Life Coaching | <input type="checkbox"/> please tick |
| Certificate In MindBody Medicine | <input type="checkbox"/> please tick |
| Certificate in Stress Management | <input type="checkbox"/> please tick |
| Introduction To Wellness Coaching | <input type="checkbox"/> please tick |
| Cognitive Behavioural Coaching (CBC) | <input type="checkbox"/> please tick |
| Diploma in Counseling Skills | <input type="checkbox"/> please tick |
| Diploma in Life Coaching | <input type="checkbox"/> please tick |
| Diploma in Stress Management Coaching | <input type="checkbox"/> please tick |
| Diploma in Wellness Coaching Skills | <input type="checkbox"/> please tick |
| How to Run Successful Wellbeing Workshops | <input type="checkbox"/> please tick |
| Imagery For Health | <input type="checkbox"/> please tick |
| Introduction To Counselling Skills | <input type="checkbox"/> please tick |
| Reiki I | <input type="checkbox"/> please tick |
| Reiki II | <input type="checkbox"/> please tick |
| Reiki III (ART) | <input type="checkbox"/> please tick |
| Reiki III (Master / Teacher) | <input type="checkbox"/> please tick |
| Reiki III (Master / Teacher) | <input type="checkbox"/> please tick |
| Wise Woman Natural Healing | <input type="checkbox"/> please tick |

Fees - please tick one of the following:

- | | |
|-----------------------------------|--------------------------------------|
| Complete Fee with discount | <input type="checkbox"/> please tick |
| Three installments | <input type="checkbox"/> please tick |
| Monthly installments | <input type="checkbox"/> please tick |
| Cheque | <input type="checkbox"/> please tick |
| Standing Order | <input type="checkbox"/> please tick |
| BACS | <input type="checkbox"/> please tick |
| Online | <input type="checkbox"/> please tick |

NAME:	
ADDRESS:	
TELEPHONE:	EMAIL:
MOBILE:	
DATE OF BIRTH:	AGE:

EDUCATIONAL BACKGROUND		
Where	When	Exams

FURTHER AND HIGHER EDUCATION		
Where	When	Exams/qualifications

COMPLEMENTARY HEALTH QUALIFICATIONS		
Where	When	Qualifications

OCCUPATIONAL HISTORY		
Where	When	Brief Job Description

WHICH COURSE ARE YOU APPLYING FOR AND WHAT ATTRACTED YOU TO IT?

WHAT HAS BEEN YOUR EXPERIENCE OF ASSIGNMENT WRITING, JOURNALING AND RESEARCH?

IN WHAT WAYS WOULD YOU EXPECT COMPLETION OF THIS COURSE TO BENEFIT YOUR PERSONAL AND PROFESSIONAL LIFE?

WHERE DID YOU HEAR ABOUT THIS COURSE?

SIGNATURE: _____ **DATE:** _____

OFFICE USE	COURSE	START DATE	
	1 st INSTALMENT DATE	2 nd INSTALMENT DATE	3 rd INSTALMENT DATE