



THE EDINBURGH THERAPY ACADEMY

APPLICATION FORM FOR TRAINING

Please complete ALL sections of this form clearly, in black ink and return to:

Gail Walkingshaw, 9 Kings Court, Longniddry, East Lothian, EH32 0QP

Full Name: (Exactly as you would want it to appear on a certificate)

Date of Application: ___ / ___ / ___

Date of Birth: ___ / ___ / ___ **circle: MALE / FEMALE**

Full Course Name & Start Date: (stating clearly options chosen . New Application for each course)

Full Postal Address: _____

Post Code: _____

Day time Phone No. _____ **Mobile:** _____

Evening Phone No. _____

E-Mail Address: _____

Where did you learn about the course?

Please state briefly why you are interested in following this programme of study and please offer details of any existing therapy qualifications, or therapy associated certificates you may have, noting clearly the name of the awarding body.

ITEC Student Number if you already have one: _____
(If unknown then please contact ITEC 020 8994 4141)

Payment of Fees:

As the named person above I enclose a deposit of £ _____ and will pay the balance of the fees by; (Please tick one of the following)

- Full payment by or prior to the 1st day of training
 In three instalments during the course. The first due on the 1st day of training

All cheques payable to 'The Edinburgh Therapy Academy'

SIGNED _____ **Date:** _____