



STUDENT TO MASTER COURSE ENROLMENT FORM

Applicants Details

Title:

First Name:

Surname:

Date of Birth:

Citizenship Information

Nationality:

Place of birth:

Do you require a Visa: Yes No

If yes

Do you have valid UK visa: Yes No

Type of visa:

Visa valid from/to:

Current Postal Address

Address 1

Address 2

Town

County/State

Postcode/Zipcode

Country

Contact Details

Phone:

Mobile Phone:

Email:

What Course/Workshop are you interested in learning? (Please tick)

Tuina Chinese Medical Massage

Tuina Reflexology

Cupping Therapy

TCM Basic Theory (Lectures)

Tuina Facial Massage

Dietary Therapy Workshop

Other (please specify).....

Experience

Level of Body Work, Health or Chinese Medicine Training:

School, Courses, qualifications or study in massage or body work:

School, Courses, qualifications or study in Tuina:

Medical/Allergies

Pre-existing medical conditions (diabetes, epilepsy, bad back, disability, etc)

Special learning requirements (dyslexia, hearing or sight impairment, etc)

Additional Notes

If you've not had space in any other section please add here