



School of
Five Element
Shitsu

Workshop Registration and Booking Form

Course Title:

Start Date:

Venue:

Personal Details

Full Name:

Address:

Telephone Numbers: Home

Mobile

Email

Date of Birth:

Emergency Contact Details: Name

Telephone

Occupation and Experience (if relevant)

Occupation

Qualifications

Previous and Related experience

Why do you want to study on one of our courses

How did you hear about the School?

Health: Please give details of any current or long term medical conditions or disabilities, including the following and any treatment for psychological disorders.

Do you suffer from high or low blood pressure?

Do you have any of the following? Diabetes.

Epilepsy.

Low Blood Sugar

Are you prone to fainting or dizzy spells?

Have you ever suffered from Tuberculosis? (TB)

Do you suffer from Arthritis, Osteoporosis or joint problems?

Do you have any injuries or bruising to your upper body?

Do you have any skin diseases or rashes?

Have you had any recent surgery or any medical treatment?

Are you currently taking any medication?

Are you pregnant or trying to conceive?

Have you ever been advised not to have massage/bodywork/exercise?

Is there anything else we may need to know about your general health?

Please Sign and Date this form and return to the address below

Name:

Date

BOOKING FORM

Personal Details

Name

Telephone

Mobile

Discover Shiatsu (Basic Skills), Sotai & Qigong Workshops

Location you wish to attend ----- - weekend mid-week

Starting date of course ----- - £..... enclosed

Shiatsu for Family and Friends -Beginners

Location you wish to attend -----

Starting date of course ----- weekend mid-week residential

I enclose £395.00. full fee I enclose £50 deposit

Foundations of Shiatsu and Acupressure

Location and course you wish to attend -----

Starting date of course ----- weekend mid-week residential

I enclose £1650.00 full fee. I enclose £100.00 deposit.

Seated Acupressure/On-Site Massage Course

Circle & tick applicable option

Location you wish to attend ----- weekend mid-week

Starting date of course _____ £150 enclosed £50.00 Deposit enclosed

Please note full fees are due 21 days before the start of the course unless otherwise agreed.
Please email us for BACS details (preferred) or make payments by cheque payable to Andrew Parfitt at the address below

SFES (Ealing & Salisbury), 58 Mayfield Ave, West Ealing, London, W13 9UR
Telephone; 07870 631412. Email; info@shiatsu.co.uk