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**Workshop Registration and Booking Form**

**Course Title:**

**Start Date:**

**Venue:**

**Personal Details**

#### Full Name:

#### Address:

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**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**

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***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*

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* 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