

# COURSE BOOKING FORM

## Lorraine Davis Complementary Therapy Training Consultancy

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[www.lorrainedavistraining.co.uk](http://www.lorrainedavistraining.co.uk)

Course title	No of places	Total deposit	Total fees
◆ REIKI LEVEL 1			
◆ REIKI LEVEL 2 – Practitioner			
◆ INDIAN HEAD MASSAGE PRACTITIONER CERTIFICATE			
◆ EAR CANDLING PRACTITIONER CERTIFICATE			
◆ INFANT MASSAGE INSTRUCTORS CERTIFICATE			
◆ LIGHT DYNAMIC TECHNIQUE - (LDT) PRACTITIONER CERTIFICATE			
◆ REIKI LEVEL 3 MASTER/TEACHER			
◆ CRYSTAL THERAPY PROGRAMME - CERTIFICATE			
◆ CRYSTAL THERAPY PROGRAMME - DIPLOMA			
◆ FLOWER ESSENCE PRACTITIONER PROGRAMME - CERTIFICATE			
◆ FLOWER ESSENCE PRACTITIONER PROGRAMME - DIPLOMA			
◆ POST-GRADUATE DIPLOMA IN CLINICAL AROMATHERAPY			
◆ POST-GRADUATE CERTIFICATE IN INDIAN MARMA THERAPY			
◆ DIPLOMA IN ANATOMY & PHYSIOLOGY			

CPPD SEMINARS			
♦ BLENDING MASTERCLASS - A RECIPE FOR SYNERGY			
♦ WORKING WITH HYDROSOLS - USING AROMATIC WATERS IN PRACTICE			
♦ AROMATHERAPY PRODUCT MAKING			
♦ AYURVEDA AND AROMATHERAPY - INCLUDING INDIAN ATTARS AND CHAKRA BALANCING			
♦ ADVANCED INDIAN HEAD MASSAGE DIPLOMA IN TRADITIONAL AYURVEDIC HEAD MASSAGE - INCLUDING SHIRODHARA			
♦ POST GRADUATE CERTIFICATE IN INDIAN FOOT AND LEG TREATMENT			
♦ POST GRADUATE CERTIFICATE IN FACIAL MARMA MASSAGE			
♦ POST-GRADUATE CERTIFICATE IN CANADIAN EAR CANDLING ♦ ( QUALIFIED HOPI THERAPISTS ONLY)			
	<b>TOTAL</b>		

- ♦ I enclose .....minimum non-refundable deposit(s) of 50.00 for each place booked (100.00 for Diploma in Aromatherapy)
- ♦ I enclose .....course fees ( **not** including deposit as detailed above)
- ♦ I understand that all fees must be paid in full **at least 3 weeks before** first day of training to secure my place on the course ( full fees are required for late enrolments)
- ♦ In the unlikely event of cancellation by the organiser all fees will be refunded
  - ♦ **Payment instalments available for full qualifications only**  
- **early bird rate still applies see below**
- ♦ Early bird rate is available for courses booked **and paid in full** by the specified date (see prospectus)

**A receipt will be sent to you confirming your booking.**

Name.....Date.....

Address.....

.....

Tel:.....Fax.....Email:.....

Cheques should be made payable to L. Davis

**Please return completed form to:**

Lorraine Davis Complementary Therapy Training Consultancy  
The Pike House, Edwyn Ralph, Bromyard, Herefordshire. HR7 4LT

**APPLICATION FORM**  
**THIS FORM MUST BE COMPLETED FOR ALL COURSES**

**COURSE/S APPLIED FOR.....**

.....  
.....

**NAME.....**

**ADDRESS.....**

.....  
.....

**TELEPHONE NUMBER.....**

**MOBILE.....**

**EMAIL.....**

**EXISTING QUALIFICATIONS .....**

.....  
.....

.....  
**COPIES OF QUALIFICATIONS ENCLOSED YES/NO**

(IF REQUESTED IN THE PROSPECTUS THESE ARE NEEDED BEFORE ACCEPTANCE FOR ANY FULL QUALIFICATIONS)

**In the interests of inclusivity of provision and so that we can be sure of providing the best service possible please answer the following questions:**

Do you have a disability yes/no

If yes please specify.....

.....

Do you have any specific learning needs yes /no

If yes please specify.....

.....

Do you have any allergies/ specific dietary requirements yes/no

If yes please specify.....

SIGNATURE.....

DATE.....

**THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARED WITH ANY OTHER PARTY**