

aroga school of homeopathy

Professional Homeopathic Training Course

Application form CONFIDENTIAL

Personal details

Title:	Full name:				
Address:					
Telephone number:		Mobile number:	Email:		
Current occupat	ion:				
Experience of Homeopathy					
Tell us your experiences of Homeopathy so far, including any treatment you may have had:					
Achievements					
Please list all your personal and professional achievements (continue on a separate sheet if necessary):					

Please tell us why you feel you would like to si	rudy to become a Homeopath (continue on a separate sheet if nece	essary):
Other information		
Fell us about any additional requirements you	have in order to undertake this course:	
Equalities monitoring (optional) Ethnicity:	Date of birth:	Gender:
Next step		
When you have completed this form, please solution of the solu	end it, together with either a non-refundable deposit of £100 (chequaire, S18 4AD, <i>United Kingdom</i>	es payable to "Aroga"), to: Aroga School
Please note:		
The deposit is non-refundable, unless yo	ur application is unsuccessful, in which case a full refund will be ma	ide.
Following receipt of your application, you you. Once a place is offered, you will need	may be invited for an interview. If you are successful at interview, d to either pay the full cost for the first year, or arrange to pay by te	a place on the course will be offered to n monthly instalments.
The cost of the course is £2450 per year, deposit, then £250 a month for ten month	if paid in full by 31 August, or £2600 thereafter. Payment can be mas, beginning August.	nade monthly, with a payment of £100
	d by 31 August at the latest, unless arrangements have been made	

I wish to apply for a place on the Correspondence Homeopathic Course at the Aroga School of Homeopathy, commencing September (enter year). I have read and understood the notes on this form and agree to abide by them.

Date:

Declaration

Signed: