



aroga school of homeopathy
Professional Homeopathic Training Course

Application form
CONFIDENTIAL

Personal details

Title:	Full name:		
Address:			
Telephone number:	Mobile number:	Email:	
Current occupation:			

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):

Your reasons for applying

Please tell us why you feel you would like to study to become a Homeopath (continue on a separate sheet if necessary):

Other information

Tell 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 send it, together with either a non-refundable deposit of £100 (cheques payable to "Aroga"), to: *Aroga School of Homeopathy, 5 Springbank, Unstone, Derbyshire, S18 4AD, United Kingdom*

Please note:

- The deposit is non-refundable, unless your application is unsuccessful, in which case a full refund will be made.
- Following receipt of your application, you may be invited for an interview. If you are successful at interview, a place on the course will be offered to you. Once a place is offered, you will need to either pay the full cost for the first year, or arrange to pay by ten monthly instalments.
- The cost of the course is £3900 for the first year if paid in full by 31 August. Payment can be made monthly, with a payment of £100 deposit, then £400 a month for ten months, beginning August.
- The balance of payment must be received by 31 August at the latest, unless arrangements have been made to pay monthly. If full payment is not received by 31 August your place cannot be guaranteed, and may be offered to another applicant, even if you have sent in a deposit.

Declaration

I wish to apply for a place on the Full-Time Homeopathic Training 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.

Signed:

Date: