



## aroga school of homeopathy

### Application form to enrol on the One Year Course on the Sensation System

#### **Personal details**

|   |                |                |  |
|---|----------------|----------------|--|
| Title:  | Full name:     |                |  |
| Address:  |                |                |  |
| Telephone number:   | Mobile number: | Date of birth: |  |
| Email:  |                |                |  |
| Location where you wish to attend the course:   |                |                |  |
| Homeopathic status (if student, give year of study and college; if practitioner, give number of years in practice):                               |                |                |  |
| Membership of any regulatory bodies:  |                |                |  |
| Your experience of this system so far:  |                |                |  |
| Please reserve a place for me on the "Making Sense of the Sensation" course. I have read and agree to the cancellation policy (available online). |                |                |  |
| Signed:   |                |                |  |

#### **Next step**

When you have completed this form, please send it, together with either a deposit of £100, or the full amount (cheques payable to "Aroga"), to: *Aroga, 16 The Pines, Sheffield, S10 4LZ.*

Please note:

- The deposit is non-refundable.
- The balance of payment must be received by 30 June if you wish to take advantage of the early bird price, and by 31 August at the latest. 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.
- You will be notified if your application has been successful. If your application is unsuccessful or the course is over-subscribed, your payment will be returned to you.