

# APPLICATION

## Bioregulatory Ophthalmology

### Certificate Course



The Academy for Bioregulatory Medicine

All applications are subject to review and acceptance by the Academy Board. The place will be offered in written by Course Principal, and deposit will be refunded in full to those to whom the place may not be offered on this occasion.

### 1. General details

**\*Required** - you must fill in these sections

\* Full name

\* Clinic/Hospital/Surgery (if appropriate)



\*Address



\* Postal address (if different from above)



Phone

Fax

Mobile

Email

### 2. Education

University Education

Higher education (A level or equivalent)



\* Professional education (complementary or specialist courses)

### 3. Medical Experience




\* Describe type of practice and duration

### 4. Accredited Modalities

Please list modalities you have experience or education including short professional CPD seminars or courses

Medical Doctor or Veterinary/Dental Surgeon  Please tick

Psychotherapist, Psychologist

Accredited complementary practitioners (naturopathy, acupuncture, herbalism, chiropractic...)

Non Accredited complementary practitioners (healers, bioresonance .)

Other (please make a note)

### 5. Payment details

The Course Fee for academic year 2011/12 is £590.- payable before commencement of the Course. Once place is accepted the fee is nonrefundable.

Please enclose cheque in credit of "biomedical foundation"

Please charge my card

Visa  Master  Exp \_\_\_\_\_/\_\_\_\_\_

Card number

I would like to pay Deposit of £200 (\*required)  Please tick

I would like to pay full fee

### 6. Declaration

I hereby declare and confirm that I will abide by the rules and information provided in the prospectus and Course handouts

Date \_\_\_\_\_ Name \_\_\_\_\_ Signed \_\_\_\_\_

Please send filled in application with payment to:Academy for Bioregulatory Medicine, Biomedical Centre, 23 Manchester Street, London W1U 4DJ