

APPLICATION FORM
BRCP Registered Course
Academy for Homotoxicology

Please circle relevant course date

Academic year 2011-12

Title _____ Full Name _____ DOB _____

Correspondence Address _____

E mail _____ tel. _____ mobile _____

.....
University course (Years, University Name) _____

O-levels, A-levels and equivalent _____

Post 18 years Qualifications, Degrees, Diplomas, memberships _____

Seminars and short courses _____

Certificate of Membership (state which registering body and forward photocopy of Certificate)

Medical experience (technicians, podiatrists, biochemist..etc, as indicated in Professions Ancillary to Medicine Lists (Department of Health) _____

Complementary medicine experience _____

Medical experience (medical nurse and medical auxiliary professions) describe duties and years of practice _____

Recent CPD points give dates _____

All cheques payable to the Biomedical Foundation (the Charity) tick off as appropriate
I would like to pay full fee for the Course and exam on Saturday (£685)
I want to book practical day on Sunday (£290)

Credit card details: card type:- _____ Card number: _____
Name on card: _____ Issue number (only for Master card): _____

SIGNED **DATED**
I confirm that I will abide by the rules and information provided in the prospectus and I will be in possession of recommended textbooks by the commencement of the course; I understand that fees paid for the Course are not refundable

