



THE NUTRITIONAL
HEALING FOUNDATION

APPLICATION FORM





The Nutritional Healing Foundation Application Form

Please write in Block Capitals

Title: _____ Surname: _____ Forenames: _____

Date of Birth: _____

Present Occupation: _____

Address: _____

_____ Post Code: _____

Tel No (Day): _____ Tel No (Eve): _____

Mobile Tel: _____ Email: _____

How did you hear about the course? _____ Reference Number _____

What and when was your last serious study? _____

What attracts you to the course and why? _____

Please provide any other information you feel may be relevant to your application

(continue on a separate sheet if necessary) _____

Where would you like to study? (Please tick)

Bristol Manchester Glasgow Brighton Cambridge

I wish to enrol for: (Please tick)

Practitioner Diploma in Nutritional Healing (£1525)
5% discount £1448.75

Advanced Healing Diploma (£1465)
5% discount £1391.75

Clinical Practice (£1465)
5% discount £1391.75

Correspondence (£1650)
5% discount £1567.50

I enclose the following: (Please tick)

a) Total course fees (5% discount if paid in full) or

b) Deposit of £25 plus two months payments in advance (£265 for attendance or £285 for correspondence)

Signed _____ Date _____

Thank you for your application, please send this form to 'The Nutritional Healing Foundation',
2 Keward Mill, Jocelyn Drive, Wells, Somerset BA5 1DA. tel: 01749 671555 / 01749 677139