

# Bowen Training UK with John Wilks

Please print off this form and send it off to the address below.

Please complete in Block Capitals. Thank you.

Name .....

Address.....

.....

..... Postcode .....

Phone No .....(Home) .....(work)

Email address .....

Occupation .....

Qualifications in other Therapies/modalities (if any)

.....

Do you have a First Aid Certificate? YES NO

Please book in on the following course(s):

Module 1 ..... or .....(dates\*) ..... (location)

Revision days ..... or .....(dates\*) ..... (location)

Module 2 ..... or .....(dates\*) ..... (location)

Other courses.....

\* Please provide alternative dates wherever possible. We cannot guarantee there will be spaces on your chosen course.

Have you done any previous training in The Bowen Technique? If so, please state when and with whom you trained

.....

Where/how did you hear about this course? .....

I am willing and able to bring a therapy couch for the course YES / NO

I enclose my deposit of £..... made payable to CYMA Ltd (Deposits: £50 for Module 1, £35 for weekend seminars & £20 for all other courses.

Please note that balances are payable a minimum of two weeks before the course commences.)

Signed ..... Date .....