

PROFESSIONAL KINESIOLOGY TRAINING

APPLICATION FORM

If you would like to apply for a place on the above training course please complete the form below.

Surname First Name Gender Date of birth

Address

Telephone (Work)

Telephone (Home)

Where or from whom did you learn about the College?

EDUCATIONAL BACKGROUND (State chronologically)

School/College attended From To Areas of Study Qualifications

EXISTING COMMITMENTS Please describe your present work situation and your family circumstances that you feel is relevant to the course requirements

OTHER RELEVANT STUDIES, HOBBIES AND EXPERIENCE (include here your experience of kinesiology and other healing arts)

REFERENCES Please give the name, occupation and telephone number of two who have known you for at least three years and who have agreed to give you a reference for this application, should we need it.

Reference 1

Reference 2

Signed.....

Date.....

Please complete and return to:-

**Harmony Kinesiology College
575 Annieland Road
Scotstounhill
Glasgow G13 1UX**