

College of Medicine and Healing Arts

Training caring and competent therapists



Registered Office: 446 East Park Road, Leicester, LE5 5HH [Registered as a Not for Profit Company No: 7677972]

FOUNDATION IN NATURAL HEALTH Application Form – Leicester, UK – April/May 2018

Full Name: _____

Phone Number: _____

Full Address: _____

Postcode / ZIP Code: _____

E-mail Address: _____

Date of Birth: _____

Gender: Male Female

Current Occupation: _____

How did you hear about our college and courses?

Do you have any disability? If yes, please give details.

Declaration (please tick all the boxes to confirm that you accept these terms):

- I declare that the information I have given is correct and complete.
- I undertake not to act in anyway which may bring dishonour to College of Medicine and Healing Arts.
- I understand that all fees paid in respect of the course are non-refundable.
- I understand that if I am unable to attend for any reason, I will not be refunded my fees.
- In case College of Medicine and Healing Arts is unable to run the course, I understand that my fees will be returned to me in full, or I can transfer to the next available course.

SIGNATURE: _____

DATE SIGNED: ____ / ____ / ____

Form continues on the next page. Please turn over.

Please tick the relevant boxes below, when making your application.

Instructions for payment and submission are on the next page.

Full Name: _____

Date of Birth: _____

Please enrol me on Stage 1: *Life Balance & Healthy Living*

Saturday 28th April 2018 to Tuesday 1st May 2018

Fees due **£780*** due by 31st March 2018

Lateness fee is **£5 per day** after 31st March 2018

I enclose/have paid by: Bank Transfer Cheque Paypal-to-Paypal

The total amount of my payment is: **£** _____

The date of my payment is: ____ / ____ / ____ (day/month/year)

*** Those who are enrolled on LB&HL Online are entitled to £156 off.**

Please enrol me on Stage 2: *Whole-Person Healing & Medicine*

Wednesday 2nd May 2018 to Sunday 6th May 2018

Fees due **£975*** due by 31st March 2018

Lateness fee is **£5 per day** after 31st March 2018

I enclose/have paid by: Bank Transfer Cheque Paypal-to-Paypal

The total amount of my payment is: **£** _____

The date of my payment is: ____ / ____ / ____ (day/month/year)

*** Those who attend on both Stage 1 & 2 in the same year are entitled to £195 off Stage 2.**

Staff Use Only:

Received On: ____ / ____ / ____ **Checked By:** _____

Payment Received On: ____ / ____ / ____

Staff Initials: _____ **Date:** ____ / ____ / ____

Instructions for submission and payment are on the next page.

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APPLICATION SUBMISSION & PAYMENT DETAILS

UK Bank Transfer

The College of Medicine & Healing Arts, HSBC
Sort code: **40-28-06** Account Number: **24293452**

International Bank Transfer:

BIC: **MIDLGB2105C** IBAN: **GB31 MIDL 402806 24293452**

Paypal-to-Paypal:

Send to Paypal Username: **webmaster@comha.online**

Cash & Cheques Payable to:

College of Medicine and Healing Arts
(446 East Park Road, Leicester, LE5 5HH, UK)

Please send your completed application form to:

College of Medicine and Healing Arts

Either by Post: **446 East Park Road, Leicester, LE5 5HH, UK**

or by E-mail: **admissions@comha.org.uk**

You will be sent further details after your enrollment.
