

Diploma Course Enrolment Form

Please complete and send to the above address. Can be faxed to 0871 7334091 if paying by card.

Name

Date of Birth Occupation

Address

Telephone Mobile

Email

Alternative Health Qualifications (If Any)

Full Plan - £300 Paper Version Online Version

Payment by: Cheque / Bankers Draft payable to: Andrew Hillsdon.

Or please debit my Visa MasterCard Delta Switch Solo Other (Please state)

Card No:

Start Date: (If applicable) / Expiry Date: /

Issue No: (If applicable) Security Code: (On reverse of card – last 3 digits)

Card Holders name: Signature:

Where did you see the course advertised