



MERIDIAN SCHOOL
 MESSAGE & BODYWORK CIC

CONFIDENTIAL APPLICATION FORM FOR DIPLOMA COURSES

Please complete this form with as much information as possible to enable you and Meridian to determine whether this is the right course for you - the absence of a particular experience or skill should not deter you from applying. Please continue on a separate sheet if necessary.

The information collected here is used for the sole purpose of applying for a Diploma course and you will be added to the Meridian's data base for future/new course information - are you happy with this? Please delete as appropriate: Yes/No.

Which course or courses are you interested in (Please tick)

Holistic Massage Diploma (FHT/MTI) Holistic Sports and Remedial Massage (FHT/MTI)
 Indian Head Massage (FHT)

NAME: DATE OF BIRTH:

ADDRESS:

.....POSTCODE.....

TEL NO: EMAIL:

PREVIOUS EDUCATIONAL EXPERIENCES: Please specify your qualifications and studies (most recent first):

| Date | Subject/Qualifications | Educational Establishment |
|------|------------------------|---------------------------|
| | | |

CURRENT AND PREVIOUS WORK EXPERIENCES, INC. VOLUNTARY WORK (most recent first):

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WHY ARE YOU INTERESTED IN THIS COURSE?

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WHAT HAS LED YOU TO CHOOSE COMPLEMENTARY THERAPY AS A FUTURE PATH?

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WHAT, IF ANY, ARE YOUR EXPERIENCES OF COMPLEMENTARY THERAPY? Please give dates of courses/workshops/studies attended and whether you have received complementary therapies.

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WHAT ARE YOUR HOPES AND EXPECTATIONS OF THIS COURSE? .

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HOW DO YOU HOPE TO USE YOUR DIPLOMA ?

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WHAT CURRENT STEPS DO YOU TAKE TO SUPPORT YOUR PERSONAL GROWTH (eg meditation, yoga, tai chi, dance, counselling, exercise etc)

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HOW DO YOU FEEL THIS COURSE WILL CONTRIBUTE TO YOUR PERSONAL GROWTH AND DEVELOPMENT?

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WHERE DID YOU HEAR OF THS COURSE?

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HAVE YOU READ THE COURSE ENTRY REQUIREMENTS SPECIFIED IN THE COURSE DETAILS?

Please delete: yes/no Do you comply with these requirements? Please delete: yes/no.

If no, or if you have any specific needs that Meridian needs to address, please comment:

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IS THERE ANYTHING ELSE YOU WOULD LIKE TO SAY ABOUT YOURSELF?

SIGNED: DATED:

Thank you for completing this form. Please return it to: Julie Linton. 11 Sleaford Road, Hall Green, Birmingham B28 9QS

Tel: 0121 244 1846 or M: 07595 901 909. You will be contacted about your interview after receipt of this form.