

Application Form for  
Full Spectrum Healing Course

Name			
Address			
Phone			
Mobile			
e-mail			
Date of Birth		Male/Female	

Which course are you applying for?

Full Spectrum Healing (full course)	
Healing Spectrum (healing only)	
Anatomy & Physiology (only)	
Counselling Skills (only)	

*Applicants may be asked to take part in a short interview.  
Please note there is a strict "no recreational drugs" policy on this course.*

Please fill out the following questionnaire, and post it, together with your £100 deposit for the full course, or £50 for stand-alone courses (both non-refundable) to the following address.

Earthworks  
Rennie House  
158 Avoncliff  
Bradford-on-Avon  
Wiltshire  
BA15 2HB

*Thank you. We look forward to meeting you soon!*

On this course you will be giving and receiving healing on a regular basis. Some medical conditions should be monitored when receiving healing, and your state of health can affect the quality of the healing you give. It is therefore important that we have an understanding of any pre-existing medical conditions you may have, and any treatment you may be receiving as a result. Please be as honest as possible. Your answers will not exclude you from the course, and will be treated with confidentiality.

Please indicate if you suffer with, or have had any of the following:

Diabetes		Asthma	
Epilepsy		Allergjes	
Heart problems		Depression	
Circulatory problems		Haemophilia	
High blood pressure		Hypothyroidism	
Low blood pressure		Hyperthyroidism	
Digestive disorders		Cancer	
Dysfunctional nervous system		Skin conditions	

Do you currently have, or have you had in the past, any other medical conditions? Yes  No

*If yes, please give a brief explanation* \_\_\_\_\_

Are you currently under the doctor's care for any reason? Yes  No

*If so, why?* \_\_\_\_\_

Are you currently receiving complementary treatments? Yes  No

*If so, which ones?* \_\_\_\_\_

Is there any possibility you are pregnant? Yes  No

Are you planning a pregnancy within the next two years? Yes  No

Are you on any prescription drugs? Yes  No

*If so, which?* \_\_\_\_\_

Do you smoke? Yes  No

Do you drink? No  Moderate  Heavy

Have you had any previous experience in healing or spiritual and psychic development? Yes  No

*\*Females only*

Finally, please write a short piece (around 500 words), explaining in your own words what has guided to healing, and to this course in particular. This can be handwritten here, or included as a separate printed page with your application.