



Sports & Remedial Massage Diploma Course

Application Form

Name: _____

Address: _____

Telephone: _____ Mobile Number: _____

Nationality: _____ Email Address: _____

Date of Birth: _____

Occupation: _____

Please give details of any previous courses taken in conventional and/or alternative therapies:

Please briefly give your reasons for wishing to take this course:

Please return this form with a deposit of €400 to secure a place on the course. Please ensure that you have read the fees options and policy in the course brochure before signing the application form.

Signed: _____ Date: _____