



Complementary Therapy Training Application Form 2013 - 2014

1. Personal details

First Name: _____ **Surname:** _____

Address _____ Mobile Number _____

_____ Telephone (day) _____

POSTCODE _____ Date of Birth _____

Email address _____ Gender _____

Please read the relevant course outline and application guidelines before filling in this form.
Which of the following courses are you applying for? *Please use **one** form per person.

Introductory fees till January 2014		
ITEC COURSES	GL HOURS	
Diploma in Complementary Therapies (complete)	520	25,000
Diploma Reflexology for Complementary Therapies	112	7,500
Diploma Aromatherapy for Complementary Therapies	112	7,500
Diploma in Diet & Nutrition for Complementary Therapists	100	7,500
Diploma in Reiki Level 1 & 2	100	7,500
* Anatomy, Physiology and Pathology	94	7,500
*Principles in Practice & Practice	90	7,500
Spa and Salon management level 4	376	15,000
Diploma in massage therapies – CIBTAC for DHA licence	500	18,000
Award in Indian Head Massage CIBTAC	49	2,000
Short courses		
Reiki level 1 – Usui Ryoho Reiki	6	1,000

Reiki level 2 – Usui Ryoho Reiki	6	1,000
Reiki level 3 – Usui Ryoho Reiki with Tibetan Master	6	2,000
Auricular Therapy (ear candling)	12	Dh1,500
Bach Flower introduction course (leading to level 1)	12	Dh1,500
Endorphin Effect	12	Dh1,500
Introduction to Aura-Soma	4	Dh500

* Compulsory to achieve Diploma, with therapy course

2. Country of domicile

(Country in which you have been ordinarily resident during the past 3 years)

UAE Other UK/EU country (which country?)

3. Work/Employment experience

Should you be unable to gain entry on to the course of your choice do you have a second preference?

Are you employed at present?

YES NO

If so what is your job?

Please list any previous jobs you have had:

4. Education

It is important to think about the skills you will need in order to get the most out of your chosen course. Please read the course outline carefully, in particular the skills section, to check the English and maths skills you need to start a course. During your application and interview process we will assess these skills and may recommend you undertake support alongside your chosen course or attend an alternative course that will prepare you for your long term study plans. If you have any queries, please contact us for assistance.

experience
outstanding
learning

Institution	From/to	Qualification achieved
Do you have a Maths qualification? If so, please state		
Do you have an English Language Qualification? If so please state		

5. Experience / Other Training

Do you have any previous experience of the subject you wish to study? (If you have attended an introductory course, please say when and where.)

6. Long-term aims

What are your long-term aims? (Study or work wise).

7. Disability - would you classify yourself as:

Having a disability

Having no disability

If you consider yourself to have a disability, please give details indicating the type of additional support you might need below: (e.g. Dyslexia support, Communicator, Specialist Equipment)

8. Special Requirements/Considerations

Are there any other special requirements/considerations which you feel we need to know about?

9. Personal Statement

Personal Statement – approximately 250 words
Do let us know as much as possible about yourself in your written statement, why you wish to take the course, and any experience you may have in relation to the subject. Students with disabilities can present this statement in different formats e.g. word processed, audio tape, etc. Please contact us if you need any help with this.

10. Health & Safety

Health Checklist Please tick if you have, or have had, any of the following:

Please tick the boxes below	YES	NO
Epilepsy		
Diabetes		
An untreated medical condition		
Cardiovascular disorders (high blood pressure, severe varicose veins, heart problems, thrombosis)		
Endocrine disorders		
Spinal injuries		
Severe mental illness		
A recent operation		
On medication		
Severe skin disorders		
Pregnancy (or post natal)		
Knee problems (for Thai massage or Shiatsu only – they are practised on the floor)		
Bone or joint disorders (Rheumatoid arthritis, Osteoporosis)		

Is there anything else we should know about your health? If so, please provide details below:		
If you have answered yes to any of the above please check with a medical practitioner whether it is suitable for you to undertake a body-work course and attach a referral letter from your doctor with this application form.		

11. Uniform sizes

You must wear an all white professional uniform for the practical elements and exams of all ITEC courses. The cost of this uniform is not included in the course fees. Please indicate below your size requirements.

Extra Small 74-79cm Bust/chest, 61-66cm waist						
Small 84-89cm Bust/chest, 71-76 cm Waist,						
Medium 94-99cm Bust/chest, 81-86 cm Waist,						
Large 104-109cm Bust/chest, 91-96 cm Waist,						
Extra Large 114-119cm Bust/Chest, 102-107 cm Waist,						
Extra Extra Large 124-129 cm bust/chest, 112-117 cm Waist						
Trouser legs length	Short 29"		Regular 31"		Unhemmed 28"	

12. Statement of Commitment

Regular attendance as well as reading and written work will be expected from you during these courses. You will also be expected to complete any assessment and/or exams required for your chosen course at the dates and times supplied by the Institute.

Are you willing to commit yourself to this course and are you sure you have time for it?

Yes No

Have you carefully read the relevant course outline, guidance notes and this application form and are you willing to abide by the protocol outlined?

Yes No

Signature _____ Date _____

Submission Checklist

Please ensure you have completed the following:

Criteria	Yes	No	Comments
Attached relevant certificates			
200 word written statement			
Completed application form fully			
Signed section 12 statement of commitment			

Please ensure you have completed the application form fully and attached any relevant certificates, your application WILL BE DELAYED WITHOUT THESE!

Please return to:

The Healing Zone Academy
P O Box 212119, Dubai, UAE
☎ 052 7838255

Email info@thehealingzone.net

Web: www.thehealingzone.net

Bank Details for payment

Emirates NBD Bank, Account Name: The Healing Zone, Account Number: 101 12677604 01

Or PayPal: anne@thehealingzone.net

Please note: Information you provide on this form will be used for the purpose described and will be processed in compliance with the Data Protection Act 1998. Information will be provided to the Learning and Skills Council, which is registered under the Act. The register is primarily for the collection and analysis of statistical data but it also allows the Council to share information with other organisations for the purpose of detecting fraud. Further information about data protection is available on request.