

**TRANQUILLITY ZONE TRAINING**  
**COURSE BOOKING FORM – CONFIDENTIAL**

Surname..... First name..... Title.....

Address.....

.....

Date of birth..... Occupation.....

Phone..... Email.....

Is English your main language?.....

Do you have a learning difficulty or disability? .....

Any relevant medical (or other) conditions which may affect your training or be helpful to know (including illnesses, injuries, allergies, pregnancy) please contact me to discuss if you are unsure about this .....

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Emergency contact person & phone number: .....

.....

Course applied for .....

Prerequisites/relevant previous therapy qualifications.....

.....

Date of course..... course fee .....

Please make cheques payable to: Christine Browne

Send your completed form and cheque to:

20 Rutland Crescent, Trowbridge, Wiltshire, BA14 0NX

**I confirm all information on this form is correct.**

Signature..... (Applicant) Date .....