

**Title:**  

**Name:** 
**Address:** **Phone:** 

**Email:**  

**Date of Birth (must be 18 or over): **

**Have you enrolled with Holistic Zone before?** Yes  No 

**Please state where you saw our courses / who recommended you: **

**Please state how you like your name to appear on your certificate: **

**Do you feel you may require learning support during the duration of your course?** Yes No 

**If you have answered yes to above, please advise what support is required:**



**Do you have any medical conditions that could affect your training? Please state. It is the students’ responsibility to check with their GP BEFORE enrolling on the course, if required:**



**Refresher training course you are enrolling on: **

Please pay the course fee and certificate fee (if required) to the bank details below:

**Account: Holistic Zone**

**Sort Code: 09-01-50**

**Account No: 05553229**

**Would you like a printed certificate (£3)**: Yes  No 

**Receive occasional newsletter**: Yes  No 

**Declaration:**

I confirm that all the details in this form are correct and I agree to abide by the terms and conditions of Holistic Zone (our terms are listed on our website <https://www.holisticzonetraining.co.uk/training-terms-and-conditions>

Checking the box indicates your acceptance of our terms and conditions 