

DIPLOMA COURSE APPLICATION

BIOREGULATORY MEDICINE

Please note that all applications are subject to review and acceptance by the Academy Board. Successful applicants will be offered the place by the Course Principal in written form.



Hellenic Society for Bioregulatory Medicine

1. General details

***Required**

* Full name

* Clinic/Hospital/Surgery (if appropriate)

*Address

* Postal address (if different from above)

*Phone

Fax

Mobile

Email

2. Education

University Education

* Professional education (complementary or specialist courses)

3. Medical Experience

* Describe type of practice and duration

4. Accredited Modalities

Please list medical modalities you have completed including short professional CPD seminars or courses.

Please tick

Medical Doctor or Veterinary/Dental Surgeon

☐

Psychotherapist, Psychologist

☐

Accredited practitioners

☐

5. Payment details

The Course Fee is € 3,700 (EUR).

Initial Deposit of returnable €1,000 is required by all applicants. Once the place is offered and accepted, deposit fee becomes non-refundable and the rest of fee is payable in full before commencement of the course.

Please charge my card

Visa ☐ Master ☐ Exp _____ / _____

Card number

Bank transfer details:

Bank Sort code: 20-35-90, Account Number: 70631507

SWIFTBIC: BARCGB22

IBAN: GB80 BARC 2069 1770 631507

Bank Account name: Biomedic Foundation

Bank address: Barclays Bank, 75 King Street, Hammersmith
London, W6 9HY, United Kingdom

I would like to pay Deposit of €1,000 *

☐

I would like to pay full fee

☐

Please tick

6. Declaration

I hereby declare and confirm that I will abide by the rules and information provided in the prospectus and Course handouts

Date _____ Name _____ Signed _____

The Registrar: www.bioregmed.com/greece.html

inquiry@biomedic.co.uk