

APPLICATION FORM

BIOFACELIFT

Certificate Course

All applications are subject to review and acceptance by the Academy Board.

A place will be offered in written form by the course Principal, and deposit will be refunded in full to any students not offered a place on this occasion.



The Academy for Bioregulatory Medicine

1. General details

***Required** - you must fill in these sections

* Full name

* Clinic/Hospital/Surgery (if appropriate)

*Address

* Postal address (if different from above)

Phone

Fax

Mobile

Email

2. Education

University Education

Higher education (A level or equivalent)

* Professional education (complementary or beautician courses)

3. Medical Experience

* Describe type of practice and duration

4. Accredited Modalities

Please list modalities you have experience or education including short professional CPD seminars or courses

Medical Doctor or Veterinary/Dental Surgeon Please tick

Psychotherapist, Psychologist

Accredited complementary practitioners (beautician, naturopathy, acupuncture, herbalism, chiropractic...)

Non Accredited complementary practitioners (beautician, healers, bioresonance..)

Other (please make a note)

5. Payment details

The Course Fee for academic year is £1,390.- payable before commencement of the Course. Once place is accepted the fee is nonrefundable.

● Card number _____
Please charge my card

Master Exp ____ / ____

Visa

● Please enclose cheque in credit of "biomedic foundation"

● Bank Transfer: Barclays Bank, 20-69-17, account no. 70631507
IBAN: GB80 BARC 2069 1770 631507 SWIFTBIC:BARCGB22

I would like to pay Deposit of £500 (*required)

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 _____

Please send filled in application with payment to: Academy for Bioregulatory Medicine, Biomedic Centre, 23 Manchester Street, London W1U 4DJ