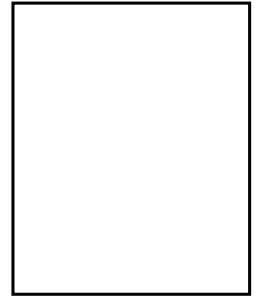




# THE COLLEGE INTEGRATED HEALING DIPLOMA COURSE

## Application form



This form is interactive – you do not need to print it.

Please follow the steps below to save your information and submit your application form.

1. **Download** this application form.
2. **Open** the application form on your computer.
3. Before filling in the form, **save it using the 'save as' option**. Please save the form as your full name and the healing course code (eg **John Smith CIHDC application form**).
4. Type directly into the document by placing your cursor in the blue boxes.
5. Once completed, **please save the document**.
6. Attach the document to an email and send it to **[hannah@collegeofpsychicstudies.co.uk](mailto:hannah@collegeofpsychicstudies.co.uk)**.
7. Alternatively, you can print out the completed form and send it by post to:

The College Integrated Healing Diploma  
Course Coordinator  
The College of Psychic Studies  
16 Queensberry Place  
London SW7 2EB

<b>NAME</b> Surname  First Name  Title	<b>FULL ADDRESS (including postcode)</b>     
<b>CONTACT DETAILS</b> Mobile number  Home phone  Email	<b>DATE OF BIRTH</b>   <b>OCCUPATION</b>

## YOUR EDUCATION HISTORY

MAIN QUALIFICATION (most recent first)

DATE ACHIEVED

### Have you attended any courses or workshops at The College of Psychic Studies?

NO

YES (if yes, please specify

Year attended

Course / Workshop title or topic

Information required for the purpose of acquiring Healing Insurance: Are you a UK resident?

Yes

No

If no, please specify country of residence

### Please tell us about any other relevant courses you have completed:

Course

Year attended

Length

**ABOUT YOU**

Please tell us something about yourself and why you wish to study on the College Integrated Healing Diploma Course (500-1,000 words).

## ABOUT YOU

Do you have any other experience which you feel is relevant to this application?

Are you able to attend all of the classes scheduled over the two-year diploma course?

Is English your first language?                      Yes                      No

If no, please specify your mother tongue:

Do you have a criminal record (excluding motoring convictions)?                      Yes                      No

If yes, please specify:

Date                      Conviction

Information required for the Listening Skills certification:

Gender:              Male                      Female                      Other

Ethnicity:

White - British

White - Irish

Other White Background

Mixed - White and Black Caribbean (British or otherwise)

Mixed - White and Black African (British or otherwise)

Mixed - White and Asian (British or otherwise)

Other mixed background (British or otherwise)

Asian or Asian British - Indian

Asian or Asian British - Bangladeshi

Other Asian background (British or otherwise)

Black or Black British - Caribbean

Black or Black British - African

Other Black backgrounds (British or otherwise)

Chinese (British or otherwise)

Other (British or otherwise)

**YOUR HEALTH**

Do you have any health conditions that we should know about?  
If yes, please specify, along with any prescribed medication:

Yes

No

Have you experienced any mental health issues that we should know about?  
If yes, please specify, along with any prescribed medication/s:

Yes

No

Do you have any needs in relation to your learning eg dyslexia, dyspraxia, etc.  
If yes, please specify:

Yes

No

This is not a course aimed at the development of mediumistic or psychic abilities for the purpose of giving readings.

I understand and agree:

Typed signature

Date

Once you have completed this application form, please either

- Email it to [hannah@collegeofpsychicstudies.co.uk](mailto:hannah@collegeofpsychicstudies.co.uk)
  - **OR** print it and post it to **The College Integrated Healing Diploma Coordinator, The College of Psychic Studies, 16 Queensberry Place, SW7 2EB**
  - **OR** deliver it in person to the College reception.
- We will email a confirmation of receipt once we have received your completed application form.**

Please use this page for any additional information



# THE COLLEGE INTEGRATED HEALING DIPLOMA COURSE

## Application form

**FOR COLLEGE USE ONLY** - Please do not complete this section

Interview notes:

Completed by:

Date:

Recommendation: