



**INDIAN HEAD MASSAGE PROFESSIONAL TRAINING COURSE
APPLICATION FORM**

NAME: _____

ADDRESS: _____

_____ **POSTCODE:** _____

TEL : _____ **MOBILE:** _____

EMAIL: _____

DATE OF BIRTH: _____

Educational Qualifications: _____

Occupation: _____

Start date of course you are applying for: _____

Previous Certified Training (please include AP&P and any relevant bodywork training):

Course:	Date:

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Why are you interested in this course? _____

What, if any, previous experience do you have with Indian Head massage?

How do you take care of yourself (eg exercise, Yoga, psychotherapy)? _____

Is there anything else you would like to say about yourself? _____

Signed: _____ **Date:** _____

Thank you for completing this form. Please return it to the address below.
You will be contacted in the near future to discuss your application.

BCMB – IHM Application
109 Pembroke Road
Clifton
Bristol BS8 3EU

Or enquiries@bristolmassage.co.uk