**REIKI ONE BOOKING FORM**

Please select the particular course and populate the required information.

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Date(s) | Form Closing date(s) | Select  (tick) |
| **Reiki I**  Course fee - £180 | Thursday 30th April and Friday 1st May 2020, 9.15am - 4.45pm | 23/04/20 |  |

Please make a bank transfer for **£50** non-refundable deposit (for each course selected) to “Gaia School of Natural Health” Sort code: **089299**. Account No.: **69643259**

Or please make cheques payable to “Gaia School of Natural Health” and send with booking form to: 15 Grange Crescent, Childer Thornton, S. Wirral, CH66 5NA.

|  |  |
| --- | --- |
| Name: |  |
| E-mail: |  |
| Phone No.: |  |
| Address: |  |
| Date of birth: |  |

|  |  |
| --- | --- |
| Please provide a name and phone number of an Emergency Contact: |  |

|  |
| --- |
| Consent signature  This is to confirm that you have read the Gaia School of Natural Health (GSNH) privacy notice (as indicated when originally downloading this form), and consent to GSNH holding and using the personal information being provided in this form, for the purposes outlined in the Gaia School privacy notice. |
| Signature: |

**REIKI ONE BOOKING FORM (continued)**

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| Are you trained in other therapies: |
|  |
| Current roles and responsibilities: |
|  |
| Highest level of educational attainment: |
|  |
| Previous experience of reiki: |
|  |
| Why do you wish to train in reiki? |
|  |
| Would you like to mention anything else e.g. health issues or learning needs that it would be useful for me to know about? |
|  |