Progressive Kinesiology Practitioners Course



Application Form

Name:			
Address:			
Post Code:			
Tel. No:	Mobile:		
Email Address:	X		
Date of Birth:			
Current occupation:			1
Previous skills or occupation:			1
			0
Before acceptance on the Dipl			
	nces from people who have kr apacity - a written reference is	nown you fo <mark>r a</mark> minimum of 2 yea required from each	rs; one should
• Provide a copy of your	⁻ Foundation Certificate is you	have trained with another schoo	i de la companya de
 Interviews will be arra 	inged prior to the start of the o	course	

Signed _

Dated:

Please complete and send this form to:

Please sign and return a copy to:

c/o Miranda L. Welton Progressive Kinesiology Academy Oak Lodge, Abberton Road Layer-de-la-Haye Colchester Essex CO2 0JY