



THE SCHOOL OF RADIONICS

ACCESS COURSE

Information and Application

September 2016

Dates of Courses:

Access 1: Saturday 10th September 2016

Access 2: Sunday 11th September 2016

(attendance on Access 2 is compulsory for anyone who intends to train on our Diploma course to become a qualified radionic practitioner).

Place:

Sparsholt College, Nr. Winchester, Hants, SO21 2NF

Times:

It is expected that the courses will run as follows:

Access 1: 9.00am until 6.00pm on Saturday

Access 2: 9.00am until 4.00pm on Sunday

A timetable with course details will be provided nearer to the course date.

Costs:

Access One – 1 day including *lunch and beverages: £190.00

Access 1 & 2 – 2 days including *lunch and beverages on both days: £315.00

*please ensure that you tick the box on the application form should you require vegetarian food

See page 2 of the application form below for accommodation and additional meal costs etc.

Deposit:

A deposit of £75 is required with your booking form. The balance or full payment, including accommodation and meals, is required by **1st AUGUST 2016**.

Cancellations:

Unfortunately no refunds will be given for any cancellation or non-attendance.

Dowsing experience:

We require all our participants to be able to dowse for this weekend. This is to enable a common background for everyone and allows us to make greater progress over the two days. If you are unable to dowse, a short tuition session can easily be arranged. Please ring the School Secretary, on 01869 338852, and she will provide you with the name of a practitioner in your area who will be pleased to help.

Places on this course are limited so please book promptly to avoid disappointment



PERSONAL DETAILS

Name:

Address:

.....

Tel: Mobile:

E-mail:

How did you hear about this course? (Please tick)

Word of mouth ☐ Internet ☐ While a patient ☐

Advertisement/other (please specify):

Age range (please tick)

Under 25 25-44 45-64 65 +

What do you hope to learn/achieve on Access 1/2?

.....

.....

Please provide details of any relevant experience or therapies you may have

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.....

I am able to dowse / I am not able to dowse and would like you to give me the name of my nearest practitioner (***please delete as appropriate***)

Delegate Lists:

It is our usual practice to provide a list of staff and delegates together with contact telephone numbers and e-mail addresses for future 'networking'. Please complete the following:

I ***agree/do not agree (please delete as appropriate)*** for my name and contact numbers to appear on a delegate list.

Signed: Date

**Name:****Date:**

Tick boxes below to confirm your requirements

1.Course Requirements

- ☐ I am attending Access 1 only on Saturday 10th September £190.00
or
☐ I am attending Access 1 & Access 2 on 10th & 11th September £315.00

Course Fee Total

£

- ☐ I require vegetarian food
(by vegetarian we mean no meat or fish. Those who omit to complete this section will be served non-vegetarian food)

2.Accommodation & Meal Requirements

- ☐ I require a meal on Friday night £ 22.50
☐ I require B&B accommodation on Friday night £ 46.00
☐ I require dinner and B&B accommodation on Saturday evening £ 68.50

Accommodation & Meals Total

£

3.Grand Total (total of sections 1 & 2 above)

£

4.Deposit (minimum of £75 or full course fee with booking)

£

5.Balance to Pay – due by 01.08.16 (total of section 3 less section 4)

£

PAYMENT DETAILS

- ☐ I enclose a cheque made payable to *The School of Radionics* for £
- ☐ I have paid by bank transfer for £
HSBC: bic/swift code: MIDLGB2134N / IBAN: GB84MIDL40243761324977
bank account number: 61324977 / sort code: 40-24-37)
- ☐ Please charge the following credit/debit card for £

Name on card: _____

Card No: _____

Expiry date: _____ Security Code: _____
(the last 3 digits on the back of the card)**Return this form to:**

The School of Radionics, Baerlein House, Goose Green, Deddington, OX15 0SZ