THE SHIATSU SCHOOL EDINBURGH

Application Form

I wish to apply for baby shiatsu for baby massage

instructors *course* ☐

Name: ……

Address: ……

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Postcode: ……Telephone: ……

Email…….....

Occupation: ……

Reason(s) for doing this course: ……..

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Please give details of relevant experience to date

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Do you have any health issues/special needs that we should know about (in confidence)? ……

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Where did you hear about the course? ……

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I enclose a non-refundable deposit as follows:

£25 ☐

Please send completed application form with cheque made payable to 'The Shiatsu School Edinburgh' to:

The Administrator
The Shiatsu School Edinburgh
PO Box 23613
Edinburgh
EH6 8ZB

You will receive written acknowledgement of your application

The Shiatsu School Edinburgh would like to hold your details and send you further information about the School and our courses. If you agree that we can use your details in this way please tick here . ☐
We will not pass your details on to any other organisation.