



British Academy of Crystal Healing

APPLICATION FORM Crystal Therapy Diploma

Name:			
Address:			
Postcode:			
Tel No:		Mobile No:	
e-mail:			
Date of Birth:		Gender:	
Course Interested In:			
Have you experienced the energy of crystal?	YES	NO	
What do you wish to gain from the qualification?			
What hobbies are you interested in?			
Do/have you suffered from any illness?	YES	NO	
If YES please give details			
Do you have any disabilities?	YES	NO	
If YES please give details			
Do you consider yourself to be of reasonable mental, emotional and physical health?	YES	NO	
If NO please give details			
Methods of Payment:			
I here with enclose a £100.00 deposit and will pay the balance due:			
<input type="checkbox"/> Before the commencement of the course			
<input type="checkbox"/> In instalments over a period of 10 months, providing bank details prior to commencement of the course			
<i>Please note that successful candidates must pay for the complete course regardless as to attendance records</i>			
Signature:		Date:	