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| Please complete the form and **return by Thursday 25th July 2019**. You can send by email to [admin@cwt.scot](mailto:admin@cwt.scot) or post to:  Catherine Redgate,  Camphill Wellbeing Trust,  St Devenick’s, Murtle Estate,  Bieldside  AB15 9EP  01224 862008 | Applied AnthroMedicine Training: Modules 1-6   Registration form | | | | | | | | | | | |
| **Admin Use Only** | | | | | | | | | | | |
| M1 | | M2 | | M3 | | M4 | | M5 | | M6 | |
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| **1.** | **Your name** | | | ***Please type or write clearly in CAPITAL letters*** | | | | | | | | | | |
|  | Title: *tick as appropriate* | | | Dr | | | Prof | Mr | | Mrs | Ms | Other (specify) | | |
|  |  | | |  | | |  |  | |  |  |  | | |
|  | First name | | |  | | | | | | | | | | |
|  | Last name | | |  | | | | | | | | | | |
| **2.** | **About you:** *tick all that apply* | | | | | | | | | | | | | |
| Doctor | | | Nurse | | Social Care Practitioner | | | | Therapist | | | | Other (please specify) | |
|  | | |  | |  | | | |  | | | |  | |
| **3.** | **Professional Qualifications:** | | | | |  | | | | | | | | |
| **4.** | **Workplace:** | | | | |  | | | | | | | | |
| **5.** | **Your contact details** | | | | |  | | | | | | | | |
|  | Address | | | | |  | | | | | | | | |
|  | Postcode | | | | |  | | | | | | | | |
|  | Tel. no. | | | | | Email: | | | | | | | | |
| **6.** | **Venue:**  Please indicate your preference | | | | | **Aberdeen** | | | | | | **Birmingham** | | |
|  | | | | | |  | | |
| **7.** | **Course Fee** (Fill out as appropriate)  *If we cancel for any reason, alternative dates/refund will be arranged.  If you cancel for any reason, there will be no refund.* | | | | | | | | | | | | | |
|  | *To book my place,* ***I have paid my deposit of £200 by*** *(please tick):* | | | | | | | | | | | | | |
|  | Cheque enclosed *(made payable to Camphill Wellbeing Trust)* | | | | | | | | | | | | |
|  | Bank transfer **on date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sort Code:** 83 49 40 **Account:** 00135147 **Ref: IH**surname | | | | | | | | | | | | |
|  | ***I will pay the remainder of the fee*** *[due by 16th August 2019 for Aberdeen or 23rd August for Birmingham]*  ***Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | | | | | | | | | | | | **£1000** |
| **8.** | **Accommodation (Aberdeen only)**: I require accommodation for £40/ person/ night:  No. nights \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **9.** | Your contact details will be added to the Camphill Wellbeing Trust database for future correspondence/ news. If you do **not** wish this, please tick here: | | | | | | | | | | | | | |