THE HOLISTIC APPROACH TO AYURVEDA

DR ASHOK AYURVEDIC CLINIC & PANCHAKARMA CENTRE

PARK INN HOTEL, BIRMINGHAM ROAD (OFF BEECHES ROAD), WEST BROMWICH, B70 6RS

Tel.: 0044-121-5519378 **E.mail: drashokkumar_ayurveda@yahoo.co.uk**

Mobile: 0044-7903289709 **Website: www.drashokayurvedicclinic.com**

AYURVEDIC BODY MASSAGE- COURSE FORM

TITLE	
FIRST NAME	
SURNAME	
DATE OF BIRTH	
ADDRESS	
POST CODE	
TELEPHONE	
MOBILE	
E-MAIL	

ACADEMIC & PROFESSIONAL QUALIFICATION

EQUAL OPPORTUNITIES

Dr Ashok Ayurvedic Clinic is committed to ensuring equality for all current and potential students irrespective of their age, race, gender, special educational needs, religion or marital status.

Do you have any disabilities or learning difficulties?(Delete as appropriate)	YES	NO
If your answer to the above question is Yes, Please identify the nature of your disability in the space provided below. This information is confidential and will only be used to provide appropriate support for you during the course.		

Enclosed cheque for £_____

Please make cheques payable to Dr Ashok Kumar.

By signing this application form, the applicant (below) agrees to the term and conditions and the 'Code of Ethics' of the course as identified in the Course Programme.

Signature of Applicant _____

Print Name_____

Date _____