

APPLICATION FOR COURSE REGISTRATION

I wish to apply for a place on the course/workshop detailed below:

COURSE/WORKSHOP _____ START DATE _____
(e.g. Diploma in Swedish Massage)

Forename(s): _____	Surname: _____
Address: _____ _____	
Postcode: _____	
Home phone No: _____	
Mobile No: _____	
Work No (if applicable): _____	
E-mail address: _____	
Occupation: _____	
Date of Birth: _____	
Relevant Qualifications: _____ (if any - e.g. Diploma in Massage)	

I enclose a cheque/postal order for the registration fee of £ *
(for diploma courses please also attach 2 passport size photographs)

Signed Date:

Please make cheques payable to "Western School" and send to: Western School
6 Carrick Avenue
AYR
KA7 2SN

*Please note that, after acceptance on the course, the registration fee is non-refundable.

For office use only

Reg Fee received	Receipt/ackn. sent	Photos received	Classlist - ACT	Joining Instructions	Contract returned	Method of payment
<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>