

APPLICATION FORM
For Glasgow School of Shiatsu courses
(confidential information for School admin. only)

I wish to join the: (please circle required course)

- Introductory Day
- Foundation Course
- Shiatsu & the Five Elements
- Zen Shiatsu (second year)
- Shiatsu Unlimited (third year)
- * On-site Seated Shiatsu (eves)
- * On-site Seated Shiatsu (w/e's)
- * On-site Seated Shiatsu (fast track)

starting on date ____/____/____

Name: _____

Address: _____

Postcode: _____

Telephone: _____ **e-mail address:** _____

Previous experience of Shiatsu (if applicable)

Relevant experience (e.g. healthcare, massage courses, martial arts, etc.)

Have you been involved in any formal learning programme since leaving school ?
(e.g. college course, degree, adult education classes, etc)

Do you have access to a computer ? Yes / No
Do you have access to the Internet / e-mail ? Yes / No

Do you have any ongoing health problems (physical or emotional) ?
Are you taking any regular / ongoing medication ? (Please specify where applicable).

Where did you hear about the Glasgow School of Shiatsu courses?

I consent to this information being stored on a confidential database.

Signed:..... Dated:.....

I enclose a cheque / postal order for £ _____ as a non-refundable deposit for the above course.
Please make cheques payable to The Glasgow School of Shiatsu and send to: **The Administrator,**
Glasgow School of Shiatsu, South Hourat Farm, Dalry, Ayrshire, KA24 5LA

Classes are held at Rokpa House, 7 Ashley Street, Woodlands, Glasgow G3.