

DETAILS OF YOUR SCHOOL

Name of school	
Address	
Phone number	
School website	
Country	
Contact name	
Position in school	
Email	

DETAILS OF YOUR REFLEXOLOGY COURSE

Reflexology Qualification being taught	
Number of teaching hours	
Breakdown of curriculum	
Anatomy, physiology and pathology	Yes () No ()
Provide Reflexology	Yes () No ()
Reflective Practice	Yes () No ()
Principles and practices of Complementary Therapy	Yes () No ()
Business Practice	Yes () No ()
First Aid	Yes () No ()

Please list any other Reflexology Organizations you are a member of:

Any other information or question:

SIGNATURE:

PLACE:

DATE:

**Bank account number NL33ABNA 0607546662
ABNANL2A**

SWIFT/BIC code:

Address: Buikslotermeerplein, Postbus 36035, 1020 MA, Amsterdam, The Netherlands

