



PERSONAL DETAILS OF THE APPLICANT *

Date and place of the Training Course you are interested in	
Title (Mr/Mrs/Ms/Dr) etc:	
Family name:	
Given (first) name:	
Birth Date & Place:	
Address with postal(zip) code:	
Telephone number:	
Email address:	
Professional educational qualification(s):	
Current job title:	
Please let us know how you heard of TUNE & HEAL	
Describe the reason for your application and how the result will benefit you.	
Signed:	Date:

*** Instructions for completing application form**

Please read the following instructions before completing the application form. If any doubt please contact the Tune & Heal office for further help.

Applications should:

1. Be used for the benefit of all attendees.
2. Show evidence of some active training/information sharing prior to the workshop.
3. Applications should ideally be made 2 months prior to the date of the Training Course including deposit \$100 for Pay Pal Payments info@tuneheal.com or Credit Card Payments through the scan our code with the phone camera, The rest of the money may be paid during the class (cash/checks preferred).



Please note that the Trust does not pay expenses related to travel to and from workshops, nor any attendance fees nor subsistence costs. Completed application form to be returned by email to: info@tuneheal.com

*Applications that do not give enough detail may not be considered and will be returned to you for additional information.