

Raworth International

College of Natural, Nutrition and Sports Therapies

ENROLMENT FORM

CONTINUING PROFESSIONAL DEVELOPMENT COURSES ONLY

Please complete ALL sections in BLOCK capitals

Last Name:		Title (eg:Mr/Mrs/Ms/Miss/Dr):	
First Name:		Other names:	
Address Line 1:		Address Line 2:	
Town	Post Code	Country:	
Email:		Date of Birth:	

Telephone Numbers:

Daytime:	Evening:	Mobile:
Existing Academic Qualifications:		

Name of the Course for which you are enrolling: First Aid

Total Course Fee: £80.00 (including VAT)

You can pay your fees by cheque, credit / debit card (not American Express or Diners) or cash.
Please note that you must pay the full fee (non-refundable) for this course, before you can be enrolled.

I agree to comply with the rules and procedures of the Raworth Centre.

SIGNATURE:	DATE:
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Please return this fully completed form, with your payment, to:

The Bursar
The Raworth Centre
20-26 South Street
Dorking, Surrey RH4 2HQ

Tel: 01306 742150
Fax: 01306 742163
email: info@raworth.com