Course Enrolment Form



Name: Full Address, including postcode:			
Phone:			
Email:			
Date of Birth:		T	
Have you enrolled with Holistic Zone before?		Yes □ No □	
Please state where you saw our courses advertised/or who recommended you:			
Please list relevant qualifications you already hold:			
Please state how you like your name to appear on your certificate:			
Do you feel you may require learning support during the duration of your course?		Yes □ No □	
If you have answered yes to above, please advise what support is required:			
Do you have any medical conditions that could affect your training? Please state. It is the students' responsibility to check with their GP BEFORE enrolling on the course, if required:			
If are you currently insured, please enter name of insurer:			
Name of course(s):			
Date of course(s):			
Venue:			
Do you have a discount code? If so, enter it here:			
Please pay the course deposit to this account:		Business Account: Julie Miller Sort Code: 60-83-71 Account No: 98969598	
I agree to receiving information on courses from Holistic Zone Training Academy. I confirm that I may be contacted by one of the Holistic Zone Training Academy Training Team or Tutors. I understand that my details maybe shared with a Tutor as part of this enquiry. You can opt out at any time.		Yes□ No□	
Declaration:			
IMPORTANT: Please read our terms and conditions, (our terms are listed or www.holisticzonetraining.co.uk/training-terms-and-conditions) Your control book your course and pay the deposit and is legally binding. Checking the		our contract starts from the date that you	
Please read and confirm your acceptance to our COVID-19 Infection and Control Policy.			
I confirm that I understand all training manuals and course materials are copyrighted and I must not reproduce or share without written permission from Holistic Zone Training Academy.			

Please email this form back to info@holisticzonetraining.co.uk