



The Children's Reflexology Programme

Professional training course

BOOKING FORM

All information is held in strict confidence.

Course details

Location	Date
<input type="text"/>	<input type="text" value="DD/MM/YY"/>

Your details

Name
<input type="text"/>
Telephone
<input type="text"/>
email
<input type="text"/>
<i>I confirm that I have read and understood the agreement below. Signed</i>
<input type="text"/>
Date
<input type="text" value="DD/MM/YY"/>

Setting details

Name of Organisation
<input type="text"/>
Address
<input type="text"/>
Telephone
<input type="text"/>
Number of staff attending
<input type="text"/> Please provide a separate list of names and email addresses
<input type="checkbox"/> Please tick this box if you are happy for photos or quotes to be used in publicity

Agreement

By signing this form you are agreeing to the following:

- Only staff that have attended this training and received certificates may use the reflexology taught on this course.
- This training does not qualify anyone to teach other members of staff, parents or any other person.
- This training does not qualify anyone as a reflexologist or grant any kind of licence to practice reflexology.
- In all written information, reference must be made to the fact that techniques used are from The Children's Reflexology Programme.
- Training must be updated through CPD courses after a maximum of three years.
- All material is for your use only, within your setting, is protected by copyright and must not be copied or reproduced or passed to third parties except as explicitly required.





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<input type="text"/>	<input type="text" value="DD/MM/YY"/>

Please provide a list of staff attending the course. This information is used to complete certificates and to produce personalised PDF documents for use in your setting. Note that this means that the information provided may be visible to clients and others outside your organisation.

Name	Email	Telephone
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