

HOLISTIC HEALTH COLLEGE

94 Grosvenor Road

London SW1V 3LF

Tel: 020 7834 3579 Fax: 020 7821 0255

Naturopathic Iridology Diploma Course

Application Form (Open Starting Date)

Please return this completed Application, with supporting documentation to the College by post.

Full name (Mr. Mrs. Miss, Ms)	
Address	
Telephone number	
Mobile phone number	
Date of birth	
Educational & professional qualifications & experience to date. Please attach copies of relevant diplomas.	
Name & address of reference (1)	
Name & address of reference (2)	

I hereby apply for acceptance on the 19 Module Course in Naturopathic Iridology and its applications. If accepted, I agree to abide by the rules of the Holistic Health College, together with the Code of Ethics of The Guild of Naturopathic Iridologists International.

My cheque for £300 (to include the £150 non-returnable deposit and £150 for Module 1) is enclosed and will be presented for clearance after your acceptance for the course and pending the references.

OR Visa/Mastercard/Switch/Delta No.....

Precise name & title on card

Valid from date Expiry date Issue No

Last 3 digits of security number

Signature Date