



The College of Psychic Studies College Integrated Healing Diploma Course Application form

Passport
photo

PLEASE READ THIS FIRST Instructions on how to complete this form

Please note that this is an interactive PDF form. To be able to use the form properly and save all your information, please follow the steps below:

1. **Download** the application form on your computer.
2. **Open** the application form.
3. Before starting to fill in the form with the required information, **save the document using the 'save as' option** - when saving the document please insert your full name and the healing course code (e.g. John Smith CIHDC application form).
4. Complete the document by placing your cursor in the blue box/s and by entering the relevant information where required.
5. Once completed, please **save the document**.
6. Once saved, please **close the document** and **attach it to an email** to Hannah@collegeofpsychicstudies.co.uk.
7. Alternatively, you can print out the completed form and hand it in to the College reception desk or send it by post to:

The College Integrated Healing Diploma Course Coordinator
The College of Psychic Studies
16 Queensberry Place
London SW7 2EB

YOUR NAME

Surname:

First Name:

Title:

YOUR FULL ADDRESS (including postcode)

YOUR CONTACT DETAILS

Home phone number:

Mobile number:

Email address:

YOUR DATE OF BIRTH

CURRENT OCCUPATION

YOUR EDUCATIONAL HISTORY

1: Main qualification achieved (most recent first)

Qualification

Date achieved

2: Have you attended any courses or workshops at the College of Psychic Studies?

Yes

No (if yes, please specify):

Year Attended

Course/Workshop Title (or topic)

3: Important Information required for the purpose of acquiring Healing Insurance

Are you a UK resident: Yes No

If No, please specify where you reside:

4: Please tell us about any other relevant courses you have completed:

Course

Year attended

Length

ABOUT YOU

5: Please tell us something about yourself and why you wish to study on the College Integrated Healing Diploma Course. (Between 500-1000 words)

Please use additional sheets at the end of this application if necessary

ABOUT YOU - continued

6: Do you have any other experience which you feel is relevant to this application?

7: Are you able to dedicate the time to attend all of the classes scheduled over the 2-year diploma course?

8: Is English your first language? Yes No

If no, please specify your mother tongue:

9: Do you have a criminal record (excluding motoring convictions)? Yes No

If yes, please specify:

Date Conviction

10: Information required for the Listening Skills certification - please complete:

Gender: Male Female Other

Cultural Origin/Ethnicity:

White - British

White - Irish

Other White Background

Mixed - White and Black Caribbean (British or otherwise)

Mixed - White and Black African (British or otherwise)

Mixed - White and Asian (British or otherwise)

Other mixed background (British or otherwise)

Asian or Asian British - Indian

Asian or Asian British - Bangladeshi

Other Asian background (British or otherwise)

Black or Black British - Caribbean

Black or Black British - African

Other Black backgrounds (British or otherwise)

Chinese (British or otherwise)

Other (British or otherwise)

YOUR HEALTH

11: Do you have any health conditions that we should know about?

Yes

No

If yes, please specify, along with any prescribed medication:

12: Have you experienced any mental health issues that we should know about?

Yes

No

If yes, please specify, along with any prescribed medication/s:

13: Do you have any special needs in relation to your learning e.g: dyslexia, dyspraxia, etc, if yes, please specify

Yes

No

14: This is not a course aimed at the development of mediumistic or psychic abilities for the purpose of giving readings.

I understand and agree

Signature

Date

Please use this page for any additional information



The College of Psychic Studies
College Integrated Healing Diploma Course

Application form

FOR COLLEGE USE ONLY - Please do not complete this section

Interview notes:

Completed by:

Date:

Recommendation: