



**Bach Foundation**  
INTERNATIONAL REGISTER

## **Bach Centre Level 3 APPLICATION FORM**

*A separate application form must be completed by each person wishing to attend a course. Put any additional information on a separate sheet and attach it firmly to the application form.*

*Every application received is judged on its merits. Completion of this application form does not guarantee the offer of a place on a course.*

*Application forms not accompanied the course fee will NOT be considered.*

*Please complete ALL sections in BLOCK CAPITALS.*

## A. PERSONAL DETAILS

Title (Mr/Mrs/Ms/Dr/Other) \_\_\_\_\_

Surname \_\_\_\_\_

First name (enter the name you like to be known by) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_

## B. QUALIFICATIONS AND WORK

Where and in what capacity are you employed?

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Please list the therapeutic qualifications you possess, with details of the training establishments you attended to achieve them:

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Please list any other qualifications:

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Are you at present undergoing any other training? \_\_\_\_\_

If YES, please specify the nature of the course(s) and state their duration and finishing date:

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## C. YOUR PRACTICE

Do you run or intend to run your own practice? \_\_\_\_\_

If not, say why you want to attend a level 3 practitioner course:

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Please describe the environment where clients are or will be seen (e.g. home, therapy room attached to your home, clinic, clinic attached to health store etc.):

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What therapies do you offer?

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What is the average number of clients you see or expect to see in a week?

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Assuming you complete the level 3 course, apply to register and are accepted on the register, will you be in a position to accept client referrals from the Bach Centre?

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Do you have a restriction as to the type of client you would see (e.g. speciality fields: children, elderly, cancer patients etc)?

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Would you accept referrals *solely* for Bach flower therapy, without including any other therapeutic practices unless asked to do so?

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**D. RELEVANT EXPERIENCE**

How long have you been using the 38 remedies:

a. for yourself? \_\_\_\_\_

b. for family/friends? \_\_\_\_\_

c. for clients? (if applicable) \_\_\_\_\_

Please describe how well you know the indications for the remedies, and the way in which you would select remedies:

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Please state what experience you have had in counselling or giving advice, (e.g. practical experience/qualified professional counsellor/less formal training):

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Do you possess any other special skills or qualities that would be an asset to a Bach Foundation Registered Practitioner? (Continue on a separate sheet if necessary.)

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## E. SELECT YOUR COURSE

Please tell us the start date of the course you want to attend:

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## F. PAYMENT

The current course fee is £587.50. Note that your credit card will be debited on the day that you are assigned a place, and if you cancel your booking after this time there will be a cancellation fee of £160 to pay.

You can pay using Visa, Delta or Mastercard credit cards. Which do you want to use?

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Please write down your credit card number:

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The expiry date on your card:

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Card verification number (last three numbers on the signature strip on the back):

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Your name as it appears on the credit card:

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Please sign to confirm that you want us to debit your credit card with the course fee:

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*If you do not have a credit card you can choose to pay by cheque or using cash.*

*Cheques must be in STERLING and drawn on a UK clearing bank. Cheques in other currencies including euros and dollars are not accepted.*

*Cash must be UK currency and must be sent by insured secure mail. We do not accept any responsibility for cash sent by regular uninsured mail.*

## **G. SEND EVERYTHING TO US**

*Please send this application form together with a **COPY OF YOUR LEVEL 2 CERTIFICATE** (or proof of having enrolled on a Level 2 course) to:*

**Course Applications  
The Bach Centre  
Mount Vernon  
Brightwell-cum-Sotwell  
Oxon  
OX10 0PZ  
UK**

*Alternatively, fax everything to 00 44 (0) 1491 825022*

*Places will be allocated to suitable applicants on a first-come-first-served basis. Credit cards will be debited and cheques cashed on the day that you are assigned a place.*

*If you cancel your booking after the payment has been accepted there will be a cancellation fee to pay.*

*If your application is not successful for any reason your cheque will be returned to you, or your credit card will not be charged.*

*Application forms not accompanied by full payment will not be considered.*