

Maidstone School of Complementary Therapy

ITEC Training Centre: MCSC, 39 - 48 Marsham Street, Maidstone, ME14 1HH

Registration and Payments: MSCT, 14 Sheppey Road, Maidstone, ME15 9SL

Course info: Hannah Beames 01622 851641/Karen Phipps 01634 685257

ON-LINE - ENQUIRY/REGISTRATION FORM

NAME ⇒	<i>First Names</i>	<i>Surname</i>																				
ADDRESS ⇒																						
DATE OF BIRTH ⇒	<i>Postcode:</i>																					
CONTACT ⇒	<i>Tel. Home</i>																					
	<i>Tel. Business/mobile</i>																					
	EMAIL _____ @ _____																					
COURSE ⇒	Anatomy & Physiology <input type="checkbox"/> Holistic Massage <i>(inc. A&P)</i> <input type="checkbox"/> <div style="text-align: center; font-size: small; margin-top: 5px;">The following courses require a prior qualification in A&P</div> <table style="width: 100%; font-size: small;"> <tr> <td>Reflexology <i>(please tick A&P if required)</i></td> <td><input type="checkbox"/></td> <td>Sports Massage</td> <td><input type="checkbox"/></td> </tr> <tr> <td>On-Site Massage</td> <td><input type="checkbox"/></td> <td>Nutrition</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Indian Head Massage</td> <td><input type="checkbox"/></td> <td>Aromatherapy</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Advanced Massage Techniques</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Other _____</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>		Reflexology <i>(please tick A&P if required)</i>	<input type="checkbox"/>	Sports Massage	<input type="checkbox"/>	On-Site Massage	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	Indian Head Massage	<input type="checkbox"/>	Aromatherapy	<input type="checkbox"/>	Advanced Massage Techniques	<input type="checkbox"/>			Other _____	<input type="checkbox"/>		
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Other _____	<input type="checkbox"/>																					
Any previous qualifications?																						
How did you hear about MSCT?																						

Please send me information about the abovementioned course(s)

Please enrol me for the _____ Course Fee £_____

I enclose payment of £_____ Cash Cheque(s) Card details (below)

Students are liable for Full Course Fees on payment of deposit or registration

Refunds are **only** payable if the course is cancelled

CREDIT CARD VOUCHER (Please print clearly and complete **ALL** information)

(Credit card transactions are subject to a 4% surcharge)

EMAIL (essential) _____ @ _____		(Internet Payment)	
CARD No.	_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _	CARD TYPE	_____
CARD HOLDERS NAME	DATE	/ /
START DATE	<i>nth/yr</i> /	ISSUE NUMBER	EXPIRY DATE <i>nth/yr</i> /
AMOUNT PAYABLE	£.....	Signature Secure Code _____

Signature Date ___/___/___

MSCT Deposit <input type="checkbox"/>	Records <input type="checkbox"/>	Account <input type="checkbox"/>	Course Fees <input type="checkbox"/>	Exam Fee <input type="checkbox"/>	Account Paid <input type="checkbox"/>