**Women’s Health Course**

**Registration Form - 2020 intake**

**Postponed to March 2021**

Name:……………………………………………………………………………………………………………………………….

Address: …………………………………………………………………………………………………………………………......

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Email Address:………………………………………………………………………………………………………………………

Phone Number: ……………………………………………….……………………………………………………………………

Date of Graduation: ……………………………………………… Degree or Diploma:……..…………………………

Institution name and country ………………………………………………………………………………………………..

GOsC Registration number (or equivalent for foreign Practitioners): …………………………………………

Please sign under the following statements:

* I apply to the Women’s Health Diploma Course
* I will always have respect and professional integrity for my patients and colleagues
* I am fully insured
* I have never had a complaint relating to my professional activity
* I accept that I will only gain the qualification upon completing 90% attendance of lectures
* I accept to take part fully in the practical sessions as a practitioner and a patient for per-vaginal and per-anal technique classes
* I will pay a fee of £50 for my application/interview process which is non refundable

Please note this is an admin fee and does not guarantee your place onto the course.

* If my application is successful and I accept the offer, I will pay a deposit of **£1000** to secure my place which is non-refundable but will be taken of the total of the tuition fees
* If I decide to withdraw at any point during the year, I still will have to pay the entire tuition fees for that year
* I enclose a recent passport photo of myself.
* I understand that all the lectures will be delivered in English or translated into English and there will be regular oral and written assessments. I confirm that the level of my oral, written and listening skills in English are good enough to register on this course.

Signature:……………………………………………………………………………Date:……………………………………

**Payments:**

I wish to pay (delete as appropriate) by cheque/bank transfer a **non-refundable** amount of £50 to register my application.

Cheques can be made payable to **the Molinari Academy of Osteopathic Medicine Ltd,** and sent to Corinne Jones, Little Limes, 34 Chapel Street, East Malling, West Malling, Kent ME196AP

Bank transfers can be paid directly to the following account:

**Bank Name and address:** METRO BANK**,** 234 Kings Road, Chelsea, London SW3 5UA

**Account Name:** MOLINARI ACADEMY OF OSTEOPATHIC MEDICINE LTD

**Account Number**: 19998808

**Sort Code:** 23-05-80

**IBAN:** GB38MYMB23058019998808

**SWIFT:** MYMBGB2L

**Please use your name and WHC5 as reference, thank you.**

If I am accepted on to the course, I would like to pay the course by (tick as appropritate):

Once you have been accepted on the course, a £1000 deposit is required to secure your place regardless of the payment option chosen.

**Option 1)** The figures below reflect the £1000 deposit already paid

**£3200 per year** to be paid in two payments

Before the start of year 1: £2700

Before the start of year 2: £2700

Total: £6400

**Option 2)** The figures below reflect the £1000 deposit already paid

**£3300 per year to be paid by semester**

Before the start of the course: £1400

Semester two: £1400

Semester three: £1400

Semester four: £1400

Total: £6600

**Option 3)** The figures below reflect the £1000 deposit already paid.

**£3400 per year to be paid by monthly payments**

Before the start of the course: £1200

Followed by 20 monthly payments of £230 **by standing order only**

Total: £6800

Signature:…………………………………………………………..Date: ……………………………………………………

**Please complete this form, sign and email it to Corinne Jones at** **corinnejones.mih@gmail.com**or **post it to**: Corinne Jones, Little Limes, 34 Chapel Street, East Malling, Kent ME19 6AP