**Women’s Health Course - 2021 intake**

**Questionnaire**

NAME: …………………………………………………………………………………………………………………………...

1. Please could you tell us why you would like to do this course?

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1. What experience have you had to date using/receiving internal PV or PA techniques?

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1. What do you think of these techniques?

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1. How many patients a week do you treat?

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1. What percentage of these are women with female health issues?

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1. How do you see your practice in 5 years’ time?

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1. What experience have you had with the following techniques: cranial, visceral, fascial structural?

Please give details

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1. Any additional statement to support your application

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