**Women’s Health Course - Vienna**

**Registration Form – January 2021 intake**

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

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

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

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

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

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

Are you a member of a professional body? If so, which one?...........…………………………………………

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 **100 Euros** 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 **1200 Euros** (by 15 September 2020) to secure my place which is non-refundable but will be taken from the total of the tuition fees (600 Euros from the first year and 600 Euros from the second-year 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 some of the lectures will be delivered in English or French and translated into German and there will be regular oral and written assessments.
* **Data Protection:** MIH and WSO will hold and process your personal data. MIH and WSO will process your data necessary for completion of your studies and Alumni activities.
* **Intellectual property rights:**

According to the MIH’s policy on intellectual property rights, the MIH will be regarded as owning all intellectual property generated by you during your studies.

The course will be supported by presentations and handouts. These are for your use only. Any use of these materials outside this framework and without prior formal authorization from a member of the MIH team will result in a disciplinary procedure.

After completion of studies, any use of this material remains strictly forbidden without a formal and written approval from the MIH.

**FEES AND PAYMENT OPTIONS:**

I agree to pay a **non-refundable** amount of 100 Euros to register my application.

Bank transfers can be paid directly to the following account (this is a Euro account)

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

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

BUSINESS EUROS ACCOUNT

**Account Number**: 28181523

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

**IBAN:** GB44MYMB23058028181523

**SWIFT:** MYMBGB2L

**Please use your name and WHC2- Vienna as reference, thank you.**

**Bank charges must be borne by the student.**

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

Once you have been accepted on the course, a 1200 Euros deposit is required to secure your place regardless of the payment option chosen.

**Option 1)** The figures below reflect the 1200 Euros deposit already paid

3600 Euros per year to be paid in two payments

Before the start of year 1: 3000 Euros

Before the start of year 2: 3000 Euros

Total: 7200 Euros

**Option 2)** The figures below reflect the 1200 Euros deposit already paid.

Before the start of the course: 1200 Euros

Followed by 20 monthly payments of 270 Euros **by standing order only**

Total: 7800 Euros

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

Please complete this form, sign it and email it to Corinne Jones at:

**corinnejones.mih@gmail.com**

**Women’s Health Course in Vienna - 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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