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## CPH APPLICATION FORM

Please tick as appropriate: Full-time ( ) Part-time ( ) Post-graduate ( )  
Iridology ( ) Distance E learning ( )

*Please complete in **black ink***

Name (Please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Home Tel No \_\_\_\_\_ Work Tel No \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mobile No. \_\_\_\_\_

Nationality \_\_\_\_\_ Mother Tongue \_\_\_\_\_

Occupation \_\_\_\_\_

Please give details of any related studies previously attended:

\_\_\_\_\_

\_\_\_\_\_

Please give details of your education:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state your reasons for wanting to become a Homoeopathic Practitioner:

\_\_\_\_\_

\_\_\_\_\_

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