



# Asanté Academy of Chinese Medicine

## 伦敦爱生德中医院

### Certificate Course Application Form

**Please Tick:**

- 24-Day Certificate Course in TCM Acupuncture
- 24-Day Certificate Course in Chinese Herbal Medicine
- 14-Day Certificate Course in Tuina Massage

**Applicant Details:**

First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any knowledge, experience or previous qualifications relating to your chosen course above ?

How did you hear about the Asante Academy of Chinese Medicine?

**Website:** Y/N    **Google/Web Search:** Y/N    **Word of Mouth:** Y/N    **Friend:** Y/N    **Other:** Y/N

I wish to submit my application and enclose a non-refundable 10% deposit of (tick one):

- £288      24-Day Acupuncture / Chinese Herbal Medicine Course
- £168      14-Day Tuina Massage Course

*Payable by BACS transfer, PayPal, Debit/Credit Card*

By completing this application, you consent to your information being stored with the Asante Academy of Chinese Medicine. In line with GDPR, your private and personal information is kept secure and is not shared with any 3<sup>rd</sup> Party.

For more information please visit:

<https://asanté-academy.com/general-data-protection-regulation-gdpr/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_