



Chrysalis

Enrolment Form

Name:

Email address:

Address:

Telephone Number:

Course Title:

Start Date:

I enclose a non-refundable deposit/full payment/balance of:

I enclose my health declaration where applicable yes / no

I have read and accept the terms and conditions of booking yes / no

I have already attended a course with you - yes / no

I am subject to £.... discount on balance

If you have already attended a Chrysalis course you will receive a £5 discount on the balance

For Aromatherapy, Bach flowers, Crystals, Indian Head at whoosh! (5 weeks)
please make cheques payable to C Annetts.

For Reflexology and Indian Head Massage in Billericay (6weeks) please make
cheques payable to J Munnings No2 a/c)

Signature:

.....
for office use

Dear

This is to confirm receipt of your fullpayment/deposit/balance of £.....

You are now enrolled on the Course/Workshop

on forday/weeks

Thank you for enrolling and we look forward to meeting you.

..... Julie Munnings/Carol Annetts for *Chrysalis*



Chrysalis

Entry Document

Please fill in this form and send with your deposit to enable us to meet any additional requirements you may have for your learning/comfort or health. *Thank you for your time*

Name:

Course Title:

Course Date:

1. Where did you hear about this course? If you saw an advert please state where.
2. Do you have any previous knowledge/experience of any other complementary therapy/ies?
 - a) for a previous course? (please give details)
 - b) from general experience (e.g. have you had a treatment? Are you a therapist)
3. What opportunity do you have to practice out of class? How much time do you think you may be able to set aside for this each week? (ideally about an hour between classes really helps progress)
4. Do you have any visual or hearing or other physical difficulty or learning difficulty/impairment that may require consideration during the course? If so, please kindly give details to allow us to adapt to your needs wherever possible



Chrysalis

Enrolment and terms and conditions

We hope you have decided which course you would like to enroll on. The next step is to call us or email to book your place.

01277 652073 for Reflexology and Indian Head Massage (Julie)

01277 200276 for Aromatherapy, Bach Flowers, Crystal Workshops (Carol)

padnju@msn.com - Julie carolannetts@btinternet.com - Carol

Courses at whoosh! Chelmsford and all 1 day workshops require payment **in full** at time of booking.

All other courses require a non-refundable 50% deposit at the time of booking to ensure your place and a receipt will be issued to you as confirmation of your place.

Where a balance is payable, this is due at least 2 weeks prior to commencement of the course. Failure to do so will constitute withdrawal from the course. If you have to withdraw from the course for any reason we are sorry but we will not be able to issue a refund as we would not be able to offer another student your place once the course had started.

For Aromatherapy, Indian Head Massage and Reflexology courses you will need to complete a Health Questionnaire so that we can ensure you are able to give and receive treatments. This must be returned with your payment and enrolment documents when making your booking. If you are then unable to take the course for medical reasons you will receive a full refund of monies paid.

If you would like any help and advice or you have any more questions please contact us.

Please note: Our courses only run during term times. All courses are open to both sexes.



Health

Chrysalis

Document

a) Do you have or have you had any of the following?: (tick if applicable)

High/low blood pressure	Varicose veins lower/leg foot	Migraines/severe headaches	Discomfort or injury to feet
Diabetes	Unmedicated thrombosis	Cancer (recovered/remission or current)	Pain/weakness in wrists inc. Carpal Tunnel Syndrome
Asthma	Athletes foot/verruca/fungal infection	Hypersensitivity to any specific aromas	Repetitive Strain Injury
Discomfort or injury to feet	Are you taking prescribed medication (other than contraceptive)	Epilepsy	

Additional Required Information

b) Are you pregnant (or trying to conceive) and if so at what stage of pregnancy are you?

Yes / No

.....weeks

c) Do you have any conditions that would hinder you in giving or receiving massage to any part of the body?

Yes / No

d) Do you have any physical limitations/disability that may need consideration during the course? If so please give details or speak to us in confidence.

I confirm that where any of the above applies, or becomes applicable, at any time during this course, I am responsible for informing the Course Tutor

Signature: Date:

Name:

Thank you. We hope you will enjoy the course and welcome your comments at any stage.

IF THERE ANY OTHER INFORMATION YOU WOULD LIKE TO ADD, PLEASE TALK TO US IN CONFIDENCE OR USE THE SPACE OVERLEAF