



The Wilbury
SCHOOL OF NATURAL THERAPY

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PLEASE EITHER ATTACH
A PASSPORT-SIZED
PHOTOGRAPH OR
SEND BY E.MAIL

REGISTRATION FORM

Name _____

Address _____

_____ Postcode: _____

E.mail: _____ Date of Birth: _____

Occupation: _____

Contact number(s) _____

Please reserve me a place on the following course(s)

Course no.	Subject	Start date	Fee

Registration/ full payment enclosed £ _____

Total fee due £ _____

Method of payment for balance (cheque, card, Standing Order)

Please make cheque payable to the Wilbury school

NB. Registration fees are non-refundable, but may be transferred by arrangement

The following questions are optional, but would be very useful to us:

Where did you find out about the Wilbury school? _____

What influenced your choice of the Wilbury school? _____

Are you qualified in any other natural therapy? _____

FOR OFFICE USE ONLY

Indicate if modules below are to be part of course or whether students has APL status.

Anatomy & Physiology _____

Practice Management _____

First Aid _____