

Registration Form

Program details:

Please circle the module number

Module 1

\$850.00

Module 2

\$850.00

Location: _____

Course Date: _____

Personal Details:

Please ensure your name is the one you want on your certificate

Qualifications:

Please list your relevant **Massage** qualifications below

Surname:	
First name:	
Address:	
Ph Home: Ph Mobile:	Other Qualifications:
Email address: please provide an address that you check regularly as this is how you will receive information about the course.	
How did you hear about this program?	Are you fully Qualified or in training?
Are you able to bring a massage table with you? (you may incur a fee for hire if insufficient tables can be supplied by students)	Do you currently work as a massage therapist?
Do you have Public Liability Insurance?	Are any of your clients living with Cancer?
Do you have Professional Indemnity insurance?	Do you have a current First Aid certificate?

Payment: Please indicate your method of payment by circling one of the options below

Cheque/ Money Order	Direct Bank Transfer	Cash	Credit Card
Make payable to Eleanor Oyston	Account Name: Eleanor Oyston ANZ Bank BSB 012964 Acc 5891 93924 Please ensure you use your surname as a reference	(Deposited into the bank account previously mentioned.) You will not be able to reference your payment so please post the receipt as proof of payment.	There is a Paypal Option on the website. These payments attract a fee (to cover our costs) which is already added to the amount for you.

Completed registrations should be (scanned and) emailed **OR** posted to **Georgia Desreaux;**
georgia@oncologymassagetraining.com.au
452A Hue Hue Road, Jillyby NSW 2259

Receipts will be provided when payment in FULL has been received