

**THE INTERNATIONAL REGISTER OF CONSULTANT
HERBALISTS AND HOMOEOPATHS**



Trading as
The General Council and Register of Consultant Herbalists Ltd.

APPLICATION AND BOOKING FORM

The following to be completed in block capitals:

NAME (in full) Mr/Mrs/Miss/Ms

ADDRESS.....

.....Post Code

Tel: (Home).....(Work).....

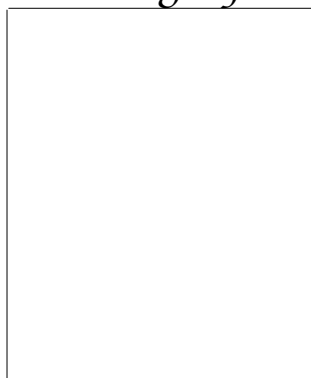
(Mobile).....

Email:

Nationality.....Occupation.....DOB.....

How did you hear about us?.....

Photograph



DECLARATION

1. I declare that the foregoing questions have been answered fully and correctly to the best of my knowledge and ability.
2. I realise that the Directors retain the right to alter or change any aspects of the syllabus during the training programme.
3. I undertake not to act in any way so as to bring dishonour on or lower the prestige of the above association in any way, and to do all in my power to further the cause of natural therapeutics in general, and the continued success of the above associations in particular.
4. I undertake not to set myself up as a practitioner of any of the therapies I am studying until such time as I become a practitioner member on one or more of the above associations.
5. I realise that all fees paid in respect of courses are non-refundable.
6. a) I undertake to inform the IRCH of any study breaks I may take and to return required student lesson material within no more than three months except by prior arrangement. I understand if I do not do so I may jeopardise my status as an IRCH student.
b) I am aware that the estimated time of completion of all lesson material leading to an IRCH Diploma is 6 years, and will forfeit my right as a student if this period is exceeded without due notice.
7. I would like to attend an interview and enclose a full Curriculum Vitae and two recent passport size photographs.
8. I wish to follow the IRCH study course in (please tick):

Herbal Medicine

Homoeopathic Medicine

SIGNED..... **DATE**.....