

THE INTERNATIONAL REGISTER OF CONSULTANT  
HERBALISTS AND HOMOEOPATHS



Trading as

The General Council and Register of Consultant Herbalists

Enrolment Request Form

Module 4 – HERBAL MEDICINE

I (your name) ....., hereby request to be enrolled for module 4, being  
Herbal Medicine.

I enclose a cheque / PO to the value of £1480 GBP in full payment of this module

Or

I enclose a cheque / PO to the value of £1030 GBP as a NON refundable deposit and hereby undertake to make  
further payments of £70 GBP for each subsequent lesson in this module

Signed: ..... Date: ..... / ..... / .....

Print Name: .....

Please return this form and your cheque (payable to I.R.C.H.) to:

GCRCH Registered Office  
1 Institute Row  
Townshend  
Hayle  
Cornwall  
TR27 6AQ

Telephone: 01736 850941 E-mail: [office@irch.org](mailto:office@irch.org)

*Please note all fee's are NON refundable*