

THE INTERNATIONAL REGISTER OF CONSULTANT
HERBALISTS AND HOMOEOPATHS



Trading as

The General Council and Register of Consultant Herbalists

Enrolment Request Form

Module 7 – PRACTICE MANAGEMENT

I (your name), hereby request to be enrolled for module 7, being
Practice Management.

I enclose a cheque / PO to the value of £500 GBP in full payment of this module

Or

I enclose a cheque / PO to the value of £325 GBP as a NON refundable deposit and hereby undertake to make
further payments of £40 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

Please note all fee's are NON refundable