

## DETAILS OF YOUR SCHOOL

Name of school	
Address	
Phone number	
School website	
Country	
Contact name	
Position in school	
Email	

## DETAILS OF YOUR REFLEXOLOGY COURSE

Reflexology Qualification being taught	
Number of teaching hours	
<b>Breakdown of curriculum</b>	
Anatomy, physiology and pathology	Yes ( )      No ( )
Provide Reflexology	Yes ( )      No ( )
Reflective Practice	Yes ( )      No ( )
Principles and practices of Complementary Therapy	Yes ( )      No ( )
Business Practice	Yes ( )      No ( )
First Aid	Yes ( )      No ( )

**Please list any other Reflexology Organizations you are a member of:**

**Any other information or question:**

**SIGNATURE:**

**PLACE:**

**DATE:**

**Bank account number NL33ABNA 0607546662  
ABNANL2A**

**SWIFT/BIC code:**

**Address: Buikslotermeerplein, Postbus 36035, 1020 MA, Amsterdam, The Netherlands**

