



Anna-Michele Hantler  
Emotional Education Through The Arts

For office use only:

Bking frm Received	Invoice sent	Payment received	Receipt sent

## Massage in Schools Programme Instructors Training Booking Form

**Date of Training:** \_\_\_\_\_

**Cost:** \_\_\_\_\_

**Venue:** \_\_\_\_\_

**Contact Trainer:** Anna-Michele Hantler T: 0191 5801111 or M: 0778 6807999

**info@anna-michele.com** [www.anna-michele.com](http://www.anna-michele.com) (Bookings through amh only)

**Personal Details (Please Write Clearly)**

Name in full: Mr/Ms/Mrs \_\_\_\_\_

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Post Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Please  
Attach  
Photo  
  
Optional.  
(digital Ok)

Occupation: \_\_\_\_\_

Company/School: \_\_\_\_\_

Work/School Address: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**How did you hear of this Massage in Schools Programme Training?**

Adverts/Leaflets

Word of Mouth/Recommendation

Which Publication? \_\_\_\_\_

Where? \_\_\_\_\_

How do they know us? \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Any other relevant information (e.g. disabilities/special needs)? \_\_\_\_\_

**1) Please describe your experience of massage, if any.**

**2) Where do you wish to use and instruct others the Massage In Schools Programme?**

**3) Who is your target group?**

- Children in schools
- Children in other educational settings
- Parent/child groups
- Other (please specify) \_\_\_\_\_

**4) What do you hope to gain from the course?**

**5) What do you do for your own relaxation and wellbeing?**

**Please describe any relevant interests and experience, e.g. massage, complementary therapy, dance, yoga, meditation, group work etc**

**6) Do you have any special dietary requirements for refreshments?**

**8) Do you have any access requirements?**

## Booking, Payment and Cancellation Policy

Payment is required 4 weeks before the course date.

I understand that the fee I have paid is **non-returnable**.

However, if payment has been made in full, transfer to another course date may be possible if it is made four weeks before commencement of the course. A transfer fee of £50.00 will be charged.

Should the Co-ordinator have to cancel the course, the student will receive a full refund for the amount of fees paid.

**Preferred method BACs payment and email. Booking form:**

Please send form as an attachment with BACS payment: to:

Ms AM Hantler T/as Emotional Education through the Arts

Barclays bank, Durham Market Place Branch. Sort code: 202741, A/c 53692337

Reference: MISPSHffldNov10 *Your name*.

or by post with a cheque payable to:

Anna-Michele Hantler, 72 Wakenshaw Road, Durham, Co. Durham, DH1 1EP

Email: [info@anna-michele.com](mailto:info@anna-michele.com) [www.anna-michele.com](http://www.anna-michele.com)

If you would rather have your organisation invoiced, please fill in below.

A receipt will be issued with your confirmation letter following cleared payment if requested.

I have read and agree to abide by the payment and cancellation policy.

I have attached a passport size photo (optional.- digital OK)

I have made a BACs payment with reference:.....

I enclose payment in full of £270, made out to 'Anna-Michele Hantler'

Please issue an invoice to: (Please clearly indicate the name and address of the company or individual who we are to invoice. Payment needs to be cleared before course begins.)

Order Number: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile number:----- E-mail: \_\_\_\_\_

I declare that I am fit, healthy, over 18 years of age and know of no reason why I should not attend this training. I declare that all the above information is correct to the best of my knowledge. I understand that I will need to have passed an enhanced Criminal Record Check, before working as a Massage In Schools Instructor.

**All parts of this form are confidential and must be completed.** The organiser reserves the right to not accept an application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(can be signed at course if returning electronically but tick box must be marked))