



anna-michele hantler  
EMOTIONAL EDUCATION THROUGH THE ARTS

For office use only:

Bking frm Received	Invoice sent	Cheque received	Receipt sent

## Massage in Schools Programme

### Instructors Training Booking Form

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

Cost: \_\_\_\_\_ Venue: \_\_\_\_\_

Contact Trainer: Anna-Michele Hantler 0191 580 1111 or 0778 6807999 info@anna-michele.com

#### 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  
(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.**

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

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**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?**

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**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**

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

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

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## Payment and Cancellation Policy

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.

*Please send form and make cheque payable to:*

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

Telephone: 0191 3844417

Email: [amhantler@hotmail.com](mailto:amhantler@hotmail.com)

[www.anna-michele.com](http://www.anna-michele.com) (in the making....)

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( digital OK)

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)

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

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

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

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

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

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

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

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

Signed by management:-----Manager's name:-----

I declare that I am fit, healthy, over 18 years if 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: \_\_\_\_\_