



# Infinity Holistic Health Training

## Course Booking Form

Please ensure that you have read and understood the IHHT terms and conditions before signing this form. Complete this form in **Block Capitals** and return to the email or postal address below with your deposit.

Email: [team@ihht.org](mailto:team@ihht.org)

**Address: Suzi Garrod (Centre Manager) Age Concern Centre, Ilbert Road, Kingsbridge, Devon, TQ7 1DZ**

Please submit direct bank payments to Suzi Garrod  
Sort code: 40-26-10 Account no: 01457985 Reference: your initials and IHHT

### COURSE DETAILS

Course title:

Course location:

Course date:

### PARTICIPANT DETAILS

First Name:

Surname:

Address:

D.O.B:

Age:

Gender:

Email:

Mobile number:

Home number:

### EMERGENCY CONTACT DETAILS

First Name:

Surname:

Relationship to you:

Mobile Number:

Home number:

### PERSONAL MEDICAL DETAILS Please inform us if you have, or have had, any of the following:

	Y	N		Y	N
Heart condition (including pacemakers)			Diabetes		
Respiratory conditions			Thrombosis, phlebitis, embolism		
Back, hip, shoulder or neck injury			Tumours or malignant disease		
Recent bone fracture or injuries			Contact dermatitis or other skin conditions		
Mobility difficulties			Epilepsy		
Dislocation or hypermobility of the joints			High or low blood pressure		
Arthritis			Stress, anxiety or panic attacks		
Osteoporosis			Depression or other mental health conditions		
Recent surgeries (last 12 months)			Sleep disturbances, headaches or migraines		
Any allergies or intolerances			Pregnant or trying to conceive		

If you ticked 'YES' to any of the above, please give details below: (please also provide details of any medical conditions not mentioned above):

Please give details of any prescribed medication you are currently taking:

Details of any special dietary requirements or food allergies:

Additional comments: (if you have any other comments or information you wish to disclose, please do so here)

What is your personal/professional experience of sound healing or other therapeutic modalities?

What led you to apply for this course?

All personal data is held in the strictest confidence and processed in accordance with GDPR.  
For full details please refer to our [privacy policy](#) which is available on the website.

## Declaration (please tick all the boxes and sign below)

- I declare that the information I have given above is true to the best of my knowledge
- If any information changes, I will inform the applicable IHHT tutor as soon as possible
- I have read the **booking instructions, the IHHT terms & conditions** and the IHHT Privacy Policy and understand that payment of a deposit (or full balance) indicates my acceptance of these.

I wish to opt **IN** to receiving IHHT business-related and/or promotional communications:

- electronically    By phone    By post

I wish to opt **OUT** of receiving IHHT business-related and/or promotional communications:

- electronically    By phone    By post

Signature:		Date:	
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(Please type your name in the signature section if this form is submitted electronically)

For office use only:	Course tutor:	Course date:	Deposit paid: £	Payment method:	Date received:
Booking reference:	Balance amount due: £	Balance due date:	Balance paid: £	Payment method:	Date received: