



SOUTH DOWNS SCHOOL OF HOMEOPATHY

A four-year course accredited by the Society of Homeopaths, leading to a Licentiate qualification

APPLICATION FORM

Surname	_____	Address	_____
First name	_____		_____
Email	_____		_____
Phone No. (home)	_____		_____
Phone No. (mobile)	_____		_____
Occupation	_____	Postcode	_____
Date of birth	_____		

Please state why you are interested in studying Homeopathy, including any relevant experience, courses attended, private study etc.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please state any other relevant or useful information

Where did you hear about us? _____

Are you transferring in from another college? _____

If so, please state the reasons for your move _____

Which year you would like to join? _____

I wish to apply for an interview to attend the South Downs School of Homeopathy



Signed _____

Date _____

Completed application forms should be submitted digitally. Please scan or photograph the document (less than 3Mb please) and send as an email attachment to Christian at:

mail@southdownshomeopathy.uk

