



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

