



The Galway Institute of Wellbeing
Fostering Health & Healing

**APPLICATION
PRACTITIONERS DIPLOMA IN REFLEXOLOGY.
Galway Group 2010-2011**

Name.....

Address.....

Telephone:**E mail**.....

Age bracket.....

Work /life experience.....

Reason for attending this course.....

Prior knowledge of Reflexology.....

Other Qualifications.....

Interests and hobbies.

Signed.....**Date**.....