DIPLOMA IN WELLNESS COACHING SKILLS
ENROLMENT FORM

Please complete this form and either post to Wellness Professionals at Work, Laurel Alexander, 101 Osborne Road, Brighton, Sussex BN1 6LW, UK or send as an email attachment or scan to info@laurelalexander.co.uk

NAME:  
ADDRESS:

TELEPHONE:  
MOBILE:

EMAIL:  
AGE:

QUALIFICATIONS
What  
When  
Where

WORK HISTORY (or attach CV)
Position  
When  
Where

HOW DID YOU HEAR ABOUT THIS COURSE?

PAYMENT
Please tick payment method:

- Payment in full (online)
In order to comply with the GDPR Retention and Protection of Data Policy, you are required to give your consent to the following:

- Please tick here to give your consent that this enrolment form in paper form may be kept in a locked filing cabinet ……
- Please tick here to give your consent that your name and email may be kept electronically in DropBox whose data protection policy complies with GDPR ……
- Please tick here if you’re happy to receive the occasional email newsletter from Wellness Professionals at Work ……. 

To view our full Retention and Protection of Data Policy visit www.wellnessprofessionalsatwork.com

Signed: .............................................................. Printed name: ..............................................................

Date:  