



Promoting a Positive Birth Experience
for All

Enrolment form

Towards Natural Childbirth & Beyond

**Considering the Neuroendocrine responses to massage in late pregnancy, labour and postpartum:
theory and practice**

The LK
MASSAGE®
Programme

Name _____

Address _____

Phone _____

Email / fax _____

Occupation _____

Qualifications _____

Details of other experience / training in the complementary therapy field _____

Course (Please tick)		
Basic	<input type="checkbox"/>	Advanced <input type="checkbox"/> Postnatal <input type="checkbox"/>
Trainers	<input type="checkbox"/>	

Do you have any medical problems that would prevent you from performing or receiving massage?
(Disabilities)

How did you find out about these courses?

1) Website (which one) _____

2) Advert / leaflet _____

3) Recommendation, if so please specify _____

4) Other - please specify _____

For each person:

I would like to reserve ___ place/s

Individual Payment I enclose a deposit of £50

Trust Payment by Invoice (Only applicable for NHS employees) <input type="checkbox"/>

**(Cheque payable to Childbirth Essentials - Send to 120 The Phelps, Grovelands Kidlington
(Oxon OX51TL)**

All payments are non-refundable. Fees will be refunded if we have to cancel the course.

Balance needs to be paid one month before the start of the course.

I am fit and healthy and over 18 years. The information I have given is correct to the best of my knowledge and I don't know of any reason why I should not attend this course.

I will inform the course coordinators of any change in my health that may prevent me from performing or receiving massage.

Signed _____

Date _____