



# Childbirth Essentials<sup>®</sup>

Promoting a Positive Birth Experience  
for All

## Enrolment form

### 2 day Pregnancy Course

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email / fax \_\_\_\_\_

Occupation \_\_\_\_\_

Qualifications \_\_\_\_\_

Details of other experience / training in the complementary therapy field \_\_\_\_\_

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

How did you find out about these course?

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

#### **Payment**

I enclose a deposit of £50

**(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 \_\_\_\_\_