

# Raworth International

## College of Natural, Nutrition and Sports Therapies

### ENROLMENT FORM

#### CONTINUING PROFESSIONAL DEVELOPMENT COURSES ONLY

Please complete ALL sections in BLOCK capitals

Last Name:		Title (eg:Mr/Mrs/Ms/Miss/Dr):	
First Name:		Other names:	
Address Line 1:		Address Line 2:	
Town	Post Code	Country:	
Email:		Date of Birth:	

#### Telephone Numbers:

Daytime:	Evening:	Mobile:
Existing Academic Qualifications:		

Name of the Course for which you are enrolling: <b>First Aid</b>
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Total Course Fee: £82.25 (including VAT)

You can pay your fees by cheque, credit / debit card (not American Express or Diners) or cash.  
Please note that you must pay the full fee (non-refundable) for this course, before you can be enrolled.

I agree to comply with the rules and procedures of the Raworth Centre.

SIGNATURE:	DATE:
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Please return this fully completed form, with your payment, to:

The Bursar  
The Raworth Centre  
20-26 South Street  
Dorking, Surrey RH4 2HQ

Tel: 01306 742150  
Fax: 01306 742163  
email: [info@raworth.com](mailto:info@raworth.com)