



THE SCHOOL OF RADIONICS

# INTRODUCTION TO RADIONICS

## Information and Application

7<sup>th</sup> & 8<sup>th</sup> September 2019

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### **Course Dates:**

Saturday 7<sup>th</sup> and Sunday 8<sup>th</sup> September 2019

*(Attendance at this course is compulsory for anyone intending to attend our Diploma Course to train to become a qualified radionic practitioner).*

### **Place:**

Sparsholt College, Westley Lane, Sparsholt, Hampshire SO21 2NF

### **Times:**

It is expected that the course will run as follows:

Saturday: 9.00am until 6.00pm

Sunday: 9.00am until 4.00pm

A timetable with course details will be provided nearer to the course date.

### **Costs:**

Two-day course including \*lunch and beverages on both days: £330.00

*\*Please ensure that you tick the box on the application form should you require vegetarian food*

Please see page 2 of the application form below for accommodation and additional meal costs etc.

### **Deposit:**

A deposit of £75 is required with your booking form. The balance or full payment, including accommodation and meals, is required by **1<sup>st</sup> AUGUST 2019**.

### **Cancellations:**

*We regret that no refunds may be given for any cancellation after the deadline date or for non-attendance.*

### **Dowsing experience:**

We require all students to be able to dowse before participating in this weekend course. This is to provide a common background to enable everyone to make greater progress over the two days. If you are unable to dowse, a short tuition session can easily be arranged through the School Secretary (please see the note on the Application Form herewith)

The School Secretary may be contacted by phone on +44 (0)1869 338852 or email [secretary@radionic.co.uk](mailto:secretary@radionic.co.uk)

***Places on this course are limited so please book promptly to avoid disappointment***





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Application Form – 7<sup>th</sup> & 8<sup>th</sup> September 2019

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## PERSONAL DETAILS

Name: .....

Address: .....

.....

Tel: ..... Mobile: .....

E-mail: .....

Please tick this box if you **do not** wish to be contacted by us in the future regarding our forthcoming events, courses and latest news.

### **How did you hear about this course? (Please tick)**

Word of mouth  Internet  While a patient

Advertisement/other (please specify): .....

### **Age range (please tick)**

Under 25      25-44      45-64      65 +

### **What do you hope to learn/achieve on the Introduction to Radionics course?**

.....  
.....

### **Please provide details of any relevant experience you may have of radionics and other complementary therapies**

.....  
.....

I am able to dowse / I am not able to dowse and would like you to give me the name of my nearest practitioner (**please delete as appropriate**)

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### **Delegate Lists:**

It is our usual practice to provide a list of staff and delegates together with contact telephone numbers and e-mail addresses for future 'networking'. Please complete the following:

I **agree/do not agree** (**please delete as appropriate**) for my name and contact details to appear on a delegate list.

Signed: ..... Date .....



# INTRODUCTION TO RADIONICS

## Application Form – 7<sup>th</sup> & 8<sup>th</sup> September 2019

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**Name:** ..... **Date:** .....

Please tick boxes below to confirm your requirements

### 1.Course Requirements

I am attending the Introduction to Radionics course on 7<sup>th</sup> & 8<sup>th</sup> September  
Lunch and beverages for both days are included in this cost.

<i>Course Fee Total</i>	<b>£ 330.00</b>
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I require vegetarian food  
(by vegetarian we mean no meat or fish. Those who omit to complete this section will be served non-vegetarian food)

Please note that if you choose not to have lunch or refreshments, no deductions can be given for these.

### 2.Accommodation & Meal Requirements

I require a meal for Friday evening £ 16.00

I require B&B accommodation for Friday night £ 48.00

I require dinner and B&B accommodation for Saturday night £ 64.00

<i>Accommodation &amp; Meals Total</i>	£
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<b>3.Grand Total (total of sections 1 &amp; 2 above)</b>	£
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<b>4.Deposit</b> (minimum of £75 or full course fee with booking)	£
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<b>5.Balance to Pay – due by 01.08.19 (total of section 3 less section 4)</b>	£
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### PAYMENT DETAILS

I enclose a cheque made payable to *The School of Radionics* for £

I have paid by bank transfer for £  
HSBC: Bic/Swift Code: HBUKGB4134N / IBAN: GB24HBUK40243761324977  
bank account number: 61324977 / sort code: 40-24-37)

Please charge the following credit/debit card for £

Name on card: \_\_\_\_\_

Card No: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Security Code: \_\_\_\_\_

(the last 3 digits on the back of the card)

**Please return this form before 1<sup>st</sup> August to:**

Post: The School of Radionics, Baerlein House, Goose Green, Deddington, OX15 0SZ

Email: secretary@radionic.co.uk

For Office use:

Date received	Method of payment	Amount	Date receipt sent	Comments