



THE SCHOOL OF RADIONICS

INTRODUCTION TO RADIONICS

Information and Application

June 2026

Dates of Course:

Saturday 27th and Sunday 28th June 2026

(attendance is a prerequisite for anyone who intends to train on our Diploma course to become a qualified radionic practitioner).

Place:

Upton Lovell Village Hall, Upton Lovell, Warminster BA12 0JW

Times:

It is expected that the course will run from 9.30 to 5.00pm on both days.

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

Costs:

Two-day course including beverages on both days: £350.00

Please bring your own lunches

Deposit:

A deposit of £75 is required with your booking form. The balance or full payment is required by **Friday 5th June 2026.**

Cancellations:

Unfortunately, no refunds will be given for any cancellation or non-attendance.

Dowsing experience:

We require all our participants to be able to dowse for this weekend. This is to enable a common background for everyone and allows us to make greater progress over the two days. If you require dowsing tuition we are holding a group Dowsing Day on Saturday 17th May, also in Upton Lovell (please visit our website for full details). Should you be unable to attend this, a short tuition session can easily be arranged. Please ring the School Secretary, on +44 (0)1869 338852, and she will provide you with the name of a practitioner in your area who will be pleased to help.

Associate Membership of The Radionic Association

A one-year subscription for Voting Associate membership with The Radionic Association is included in the course fee*. Details of membership can be found on our website: <https://www.radionic.co.uk/how-to-join/>. Your membership will commence on the first date of the course and you will receive a membership welcome pack at this time.

A reminder for your subscription renewal will be sent a month before expiry to enable you to continue your membership should you wish to do so.

*Council reserves the right to decline applications without explanation.

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



INTRODUCTION TO RADIONICS

Application Form – June 2026

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Page 1 of 2

PERSONAL DETAILS

Name: _____

Address: _____

Tel: _____ Mobile: _____

Email: _____ Website: _____

Nationality: _____ Date of Birth: _____

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

Word of Mouth ☐

Internet ☐

While a patient ☐

Advertisement/other (please specify): _____

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

Please provide details of any relevant experience or therapies you may have

Professional qualifications/degrees/honours/decorations

Present occupation and appointment

Dowsing:

I am able to dowse / I am not able to dowse and will be attending the Dowsing Day on Saturday 16th May or would like you to give me the name of my nearest practitioner (***please delete as appropriate***)

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 numbers to appear on a delegate list.

The Radionic Association - Associate Membership Note: Article 10 provides that an Associate shall be a person who, being not less than eighteen years of age, shall satisfy the Council of *bona fide* interest in radionics and shall be desirous of supporting and promoting the objectives of the Association. Associates are not permitted to use the name of, or the fact of their membership of, the Association for any professional purpose whatsoever. Voting Associates are not permitted to hold themselves out to the public as Radionic Practitioners.

I HEREBY DECLARE that I have read the above note and am willing on election to be bound by the Memorandum and Articles of Association and any Bye-laws, Rules or Regulations of The Radionic Association now or at any time hereafter in force.

Signed: _____

Date: _____



Name: _____

Date: _____

Tick boxes below to confirm your requirements

1.Course Requirements

<input type="checkbox"/>	I am attending the Introduction to Radionics course on Saturday 27 th and Sunday 28 th June 2026	<u>£350.00</u>
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2.Deposit (minimum of £75 or full course fee with booking)	<u>£</u>
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3.Balance to Pay – due by 05.06.2026	<u>£</u>
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PAYMENT DETAILS

<input type="checkbox"/>	I have paid by bank transfer for	<u>£</u>
	HSBC: Bic/Swift Code: HBUKGB4134N	
	IBAN: GB24HBUK40243761324977	
	bank account number: 61324977 / sort code: 40-24-37)	

<input type="checkbox"/>	Please charge the following credit/debit card for	<u>£</u>
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Name on card: _____

Card No: _____

Expiry date: _____ Security Code: _____

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

Please return pages 1 & 2 to:

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