

**APPLICATION FORM**

BRCP Registered Course

**Academy for Bioregulatory Medicine**

Homotoxicology Course  
(Bioregulating Medicines including Homotoxicology and Homeotherapeutics)

Title \_\_\_\_\_ Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Correspondence Address \_\_\_\_\_

E mail \_\_\_\_\_ tel. \_\_\_\_\_ mobile \_\_\_\_\_

.....  
University course (Years, University Name) \_\_\_\_\_

O-levels, A-levels and equivalent \_\_\_\_\_

Post 18 years Qualifications, Degrees, Diplomas, memberships \_\_\_\_\_

Seminars and short courses \_\_\_\_\_

Certificate of Membership (state which registering body and forward photocopy of Certificate)

Medical experience (technicians, podiatrists, biochemist..etc, as indicated in Professions Ancillary to Medicine Lists (Department of Health) \_\_\_\_\_

Complementary medicine experience \_\_\_\_\_

Medical experience (medical nurse and medical auxiliary professions) describe duties and years of practice

Recent CPD points give dates

**All cheques payable to the Biomedical Foundation (the Charity)** tick off as appropriate  
**I would like to pay full fee for the Course and exam on Saturday (£885)**   
**I want to book practical day on Sunday (£290)**

**Credit card details: card type:- \_\_\_\_\_ Card number: \_\_\_\_\_**  
**Name on card: \_\_\_\_\_ Issue number (only for Master card): \_\_\_\_\_**

**SIGNED .....** **DATED .....**  
**I confirm that I will abide by the rules and information provided in the prospectus and I will be in possession of recommended textbooks by the commencement of the course; I understand that fees paid for the Course are not refundable**

