



# Healers Course Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Contact number: \_\_\_\_\_

Previous healing experience (not mandatory): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for undertaking course: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Fee details:** a non refundable deposit of \$250 is payable on application to secure your place in the course. Payment method:

- Pay course in full (\$2400 – save \$100)
- Pay course deposit now (\$250) and monthly payment plan \$250 per month (Total - \$2500)
- Electives (\$200 per workshop)

Which Electives? \_\_\_\_\_

**Payment options:** (please circle)

Credit card: Visa Mastercard | Cheque | Money order | Bank transfer | Cash

Credit Card No: \_\_\_\_\_ Exp: \_\_\_\_\_

Bank transfer: My Health Yoga  
Westpac Banking corporation  
Account number: 242998  
Branch number (BSB): 034239

**How did you hear about the course?:** \_\_\_\_\_

Did anyone refer you?

- Yes
- No

Their name: \_\_\_\_\_  
*(We give a 5 class pass – valued at \$65 - to anyone who refers or if you bring a friend to the course, we will take \$100 off your course fee)*

**Further comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application agreement:**

In applying to your course, I have supplied current information and details to the best of my knowledge. I would like to be considered for a place in the Healers Course. I understand the deposit is non refundable, except in extreme circumstances where proof of health or grievance is provided. I pledge to devote myself to the study of healing therapies and to this course so that I may reap the rewards of focused effort and become a loving, healing and amazing healer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Send or email to:**  
**My Health Yoga**  
**3 Tanjenong Place Burleigh Heads 4220**  
**Email: [info@myhealthyoga.com](mailto:info@myhealthyoga.com)**