



# NADA GB EAR SEEDING TRAINING BOOKING FORM



## One Day Accredited Ear Seeding Training

*Face to Face at Woodbrooke Wellbeing Gardenside Clinic*

**1046 Bristol Road, Selly Oak, Birmingham, B29 6LJ**

YOUR DATE OF TRAINING: [Click here to type](#)

### 1. PERSONAL DETAILS

|                      |                                    |
|----------------------|------------------------------------|
| Full Name            | <a href="#">Click here to type</a> |
| Date of Birth        | <a href="#">Click here to type</a> |
| Name for Certificate | <a href="#">Click here to type</a> |
| Phone Number         | <a href="#">Click here to type</a> |
| Email Address        | <a href="#">Click here to type</a> |
| Home Address         | <a href="#">Click here to type</a> |

|                                                              |
|--------------------------------------------------------------|
| Organisation / Workplace: <a href="#">Click here to type</a> |
| Job Title: <a href="#">Click here to type</a>                |
| Job / Work Experience relevant to NADA GB training           |
| <a href="#">Click here to type</a>                           |

### 2. ABOUT YOU

|                                                                        |
|------------------------------------------------------------------------|
| Briefly, why are you interested in taking part in this course?         |
| <a href="#">Click here to type</a>                                     |
| Briefly, what do you intend on doing with your training qualification? |
| <a href="#">Click here to type</a>                                     |

### 3. EMERGENCY CONTACT & HEALTH

|                        |                                    |
|------------------------|------------------------------------|
| Emergency Contact Name | <a href="#">Click here to type</a> |
| Relationship to You    | <a href="#">Click here to type</a> |
| Phone Number           | <a href="#">Click here to type</a> |

**Please tick any conditions that may require treatment adaptation:**

☐ High Blood Pressure   ☐ Low Blood Pressure   ☐ Diabetes

☐ Epilepsy   ☐ Eczema/Psoriasis   ☐ Bleeding Disorders

☐ History of Stroke   ☐ History of Cancer

Are you currently pregnant or trying to become pregnant?   ☐ Yes   ☐ No

Are you currently taking medication? If yes, please list below:

Click here to type

#### **4. GDPR & CONSENT**

By signing this form you consent to Microsystems Therapies and Training and NADA GB securely holding and processing your information for course administration and professional record keeping.

I consent to being contacted by:   ☐ Email   ☐ Phone   ☐ Post

|                               |                          |
|-------------------------------|--------------------------|
| Signature: Click here to type | Date: Click here to type |
|-------------------------------|--------------------------|

Please email your completed booking form to [anna.venables@yahoo.co.uk](mailto:anna.venables@yahoo.co.uk)

### **PAYMENT:**

**Payment secures your place.**

**Book via website [www.mtat.uk](http://www.mtat.uk)**