



International Institute of
COLON HYDROTHERAPY

Student Application Form

Vitality Centre, 50 Merrion Road, Ballsbridge, Dublin 4, Ireland

I-ACT COLON HYDROTHERAPY TRAINING PROGRAMME
I-ACT FOUNDATION LEVEL 1

Name _____

Address _____

City _____ Country _____ ZIP _____

Nationality _____ male _____ / female _____

Email _____

Mobile _____ Tel _____

Please include international Dialling Code Prefix [Example: +353 (Ireland)]

What is your current occupation?

What relevant qualifications do you have?

Doctor Nurse Physiotherapist Pharmacist Naturopath Other

If other, please state

Do you have an up-to-date CPR Card (required)? No ___ / Yes ___ Expiration Date _____

Do you have a qualification in anatomy and physiology (required)? Yes ___ / No ___

What is the address / location of your proposed colon hydrotherapy practice or clinic?

Do you propose to create a new clinic/practice for colon hydrotherapy? YES ___ NO ___

Do you propose to add colon hydrotherapy to an already established clinic/business?

If YES, please provide website and company name.

What other treatments do you currently offer?

Please state why you wish to train as a colon hydrotherapist?

Please state what other treatments you are currently qualified in or intend to offer at your practice.

How many colonics have you had? Where did you receive the treatment?

International Institute of Colon Hydrotherapy
I-ACT Foundation Level 1 - Payment Form

Applicant's Name:

DATE: _____

PLEASE PRINT

PRICE: € _____ **payable in full prior to the start of the class** [See Refund Policy]

PAYMENT OPTIONS:

CASH Payments

If making a cash payment, you must make the payment in full 48 hours before the course begins in person at 50 Merrion Road, Ballsbridge, Dublin 4 . Cash payments in Euros are acceptable only.

Bank Transfer.

Bank Transfer Payments must be made by bank transfer. Full payment must be received before the course schedule can be confirmed and dates are booked. If you do not make payment in time, you may miss your place on this course.

Please use the following reference for your bank transfer. Name of Clinic & Country
eg: *Beverley Hills Clinic, Los Angeles*

Your bank Reference _____

Payments to :

Address: Bank Of Ireland, 33 -34 Aaron Quay, Smithfield, D7, Ireland

Account name: Vitality Centre LTD, Premier Suites, 50 - 56 Merrion Rd,
Ballsbridge, Dublin 4, Ireland

Sort: 90-00-92

Account: 314 609 23

IBAN: IE43 BOFI 90 0092 314 609 23

BIC: BOFI IE 2D

Telephone: 00353 818 365 365

TRANSFER POLICY: 1. An applicant who makes a request to transfer at least 30 days in advance of the first day of class will be permitted to transfer to another International Institute of Colon Hydrotherapy course within

the following 12 months and will receive full credit for all payments made by him or her less a €250 administrative fee.

2. An applicant who makes a request to transfer between 7 and 29 days in advance of the first day of class will be permitted to transfer to another International Institute of Colon Hydrotherapy course within the following 12 months and will receive full credit for all payments made by him or her less a €500 administrative fee.
3. No transfer requests or refunds will be granted less than 7 days in advance of the first day of class.

CANCELATION / REFUND POLICY: 1. An applicant who cancels at least 30 days in advance of the first day of class will receive a full refund less a €250 administrative fee. In the alternative, the applicant may request a transfer pursuant to the Transfer Policy stated above.

2. An applicant who cancels between 7 and 29 days in advance of the first day of class will receive a refund of any amount he or she has paid over and above one-half of the course tuition. In the alternative, the applicant may request a transfer pursuant to the Transfer Policy stated above.

3. An applicant who cancels with less than 7 days notice will receive no refund and is not eligible to transfer.

By submitting this form, I understand and agree to the following:

I have read and fully understand the Cancellation / Refund Policy. International Institute of Colon Hydrotherapy has my permission to perform a background check on me. If I am taking any prescription medications, my doctor agrees in writing for me to participate in colon hydrotherapy treatments. I understand that entrance to and dismissal from this program may be based on objective and subjective criteria.

SIGNATURE OF APPLICANT

DATE

Passport Number: _____