



The Bowen Association UK
Register for Student Membership

PERSONAL DETAILS			
Data Transfer Agreement Sheet.		Student Membership is valid only during Modules 1 – 7 training.	
Title: Dr.Mr.Mrs.Ms.Miss.		Date of Birth	
Surname:		Forename/s	
Address: (Include postcode)			
Home Telephone:		Work Telephone:	
Mobile		Email address:	
Bowtech/Bowen Training Module 1 & 2 Instructors names	Course Dates	Venue	OFFICE USE ONLY

Healthcare Qualifications			
First Aid		Expiry date	Available / not available
Anatomy & Physiology Qualification			Available / not available
<p>If you already have Professional Public Liability Indemnity Insurance please give details.</p> <p>(If not we recommend that you apply for student Insurance as you will be working outside the teaching venue on family and friends who are 'members of the public'.)</p> <p>I do not have insurance but agree to get cover as soon as possible. _____ signed</p>			
Company:		Expiry date:	

Have you ever been refused entry to an Association or asked to leave? If Yes please give supporting information.

SIGNED..... Date.....

Please return this form by post to: PO Box 210, Boston, PE21 1DD. (Tel 01205 319100)
 Or return electronically by email to: office@bowen-technique.co.uk