



WELLBEING FOR MOTHERS & BABIES Open Trainings Registration Form

DATE OF TRAINING

VENUE:

Name

Name preferred (for name tag)

Home Address

Phone

Personal email

Occupation

Company

Work Address

Work phone

Work Email

Any other relevant information e.g. Disabilities or Additional Needs:

This 2 day training is open to anyone who has trained in infant massage or baby yoga. Please attach a copy of your certificate.

Resources

Please bring your demonstration doll to the training. All other resources will be provided on the training including a Wellbeing for Mothers & Babies Instructor Pack, notebook and pen

Invoicing – if a company is paying for the training

Name of the organisation and who to invoice

Contact name:

Address:

Purchase order number:

Payment & Cancellation Policy

I understand that the training fee is non-refundable. Settlement for the invoice must be received no later than 30 days before commencement of training. Payment can also be made by PayPal or by Card. We are unable to accept cheque payments.



How did you hear of Wellbeing For Mothers & Babies?

Reference

Please can you provide us with the name of a referee – someone (not a relative) who has known you for more than three years and could give you a character reference if needed.

Declaration

I declare that I am fit, healthy, over 18 years of age and know of no reason why I should not attend this training. I declare that all the above information is correct to the best of my knowledge.

I understand that I may need to organise an Enhanced DBS Check before working as a Wellbeing For Mothers & Babies Instructor.

I understand that if I become an Independent Practitioner I will require the appropriate insurance.

All parts of this form are confidential and must be completed. Wellbeing International Ltd reserves the right not to accept an application.

Name:

Signature_____Date_____