

OakWill Holistic Health Centre



14 Mawarra Drive
Delacombe
0410 049 373
ABN: 56 936 107 530

Reiki Registration Form

Please complete & return before the start date of the workshop you are registering for.

Name: _____

Age: _____

Address: _____

_____ Post Code _____

Mobile: _____

Email: _____

Which Reiki Workshop are you registering for?

- For Reiki 2 & 3 only, please supply your certificate & lineage if you are not a returning student of OakWill Holistic Health & Terri Forest

Note: *Places are limited due to space constraints.*



A Deposit of \$50.00 is required to secure your spot in the Workshop.

Please use your name & the initials of the suburb where it is held as the reference when making deposits/payments.

Bank Details

BSB: 083091

Acct: 245559806



Informed Consent

I, _____ have chosen to enquire or participate in the above workshop/class and hereby give consent for it to be provided by Terri Forest & OakWill Holistic Health who I understand is a member of the International institute for Complementary Therapists (IICT), Reiki Healing Association, Complimentary Therapists Accredited Association (CTAA) & the International Alliance of Holistic Therapists.

I understand that the only certificate qualification workshops are Reiki 1st, 2nd & 3rd degrees. I further understand that the Reiki workshops are accredited certified training workshops.

I am aware that these workshops are for entertainment & self-education purposes only & that they do not make any promises or claims to any other purpose including person, medical &/or financial.

I understand that these workshops & the information contained in them is not a substitute for medical advice or intervention, nor are they for financial guidance or advice. I further understand that my email address will be added to the OakWill Holistic Health data base (that can be unsubscribed at any time) however it will NOT be distributed to any 3rd party & will only be used to keep you updated on OakWill events & special offers.

Signature:

Dated this day of ____/____/____

This form can be electronically signed but must be emailed back from your email address. Or print, sign & bring with you on the day.

Privacy Policy

This practice is committed to the privacy of its clients. Personal information is treated as confidential and is used only for the purpose for which it was collected.

Information kept on file will not be released to a third party without the express consent or consultation of the client or as required by mandated law (risk or harm to oneself or another).

For Full Privacy Policy & General Terms of Service see

www.oakwill.net

