



United Kingdom of Academy
of
Integrative Therapy (UKAIT)

12 Oakville Avenue, Rhyl, LL18 3TE

enquiries@ukait.org

COURSE APPLICATION FORM

Personal Details

Surname

First name/s

Gender

Address.....

.....

.....

Postcode

Telephone

Mobile

Email

Course Details

What course are you applying for?

.....

.....

Relevant Qualifications:

(please note: no previous experience or qualifications are required; all training will be given during the duration of the course. Leave blank if you have no relevant qualifications. If left blank, UKAIT will arrange a personal interview with the course director)

1.

Part time \ full time? Duration

College or Training School

2.

Part time \ full time? Duration

College or Training School

Relevant Experience:

(note: this is not necessary for enrolment – enter none if necessary)

.....
.....
.....
.....
.....
.....

Psychological, Psychiatric or Medical history and/or medication

Please give details of any Psychological, Psychiatric or Medical conditions, past or present, and any medication prescribed (use another sheet if necessary)

.....
.....
.....

Criminal Convictions:

Please give details of any criminal convictions you have:

.....
.....

References

Please provide details of a referee (this shouldn't be a family member, preferably a colleague in a position of authority).

Name:

Address:
.....

Postcode:

Tel. No..... Email :

Applicant's declaration and signature

- I agree to adhere to the NCIP's Ethical Framework (see: <https://www.the-ncip.org/conduct>)
- I confirm that the information contained in this form is true, accurate and complete to the best of my knowledge.
- If I am offered a place, I understand that a non-refundable deposit is due to secure my place.
- I understand that should I withdraw from the course once it has commenced, the full fee will become due to UKAIT
- I understand that any false or misleading statement, falsification of accompanying evidence may lead to refusal to enrol on the course.

GDPR Compliance Declaration
UKAIT will only use the information herein for the following purposes:

- to deem a person's suitability for a course
- to record attendance and payment information, and information pertaining to assignment grades, and to inform people of forthcoming workshops or courses

addition:

- UKAIT will NOT share this information with any third parties, and will make it available for viewing or withdrawal whenever requested by the applicant. To make the request please email: enquiries@alc2alc.com.
- If the information is to be discarded or deleted, it will be done so in a way that complies with GDPR.

- I agree to the use of the information herein as outlined in the GDPR declaration above

Applicant's signature Date

Please email the completed form to **enquiries@ukait.org**

We will process your application. If you are offered a place, please pay deposit via bank transfer to:

Name: UKAIT
Sort code: 09-06-66
Acc no: 42759936

Once received, a receipt and confirmation will be sent out to you