canine anatomy refresher
(10 hours CPD)

Preferred date of course (please email for information)

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NAME (as you wish for it to appear on your certificate)

……………………………………………………………………………………………….........................

Address

……………………………………………………………………………………………….............................................................................................................................................................................................................................................................................................................................................

date of birth

……………………………………………………………………………………………….........................

Phone numbers

……………………………………………………………………………………………….........................

email

……………………………………………………………………………………………….........................

any special requirements, disabilities or educational difficulties we should know about?

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date qualified as hydrotherapist & where you did your training

……………………………………………………………………………………………….............................................................................................................................................................................................................................................................................................................................................

i would like to pay by (please tick)

* CREDIT/DEBIT
* CHEQUe
* BANK TRANSFER - (payable to south coast hydrotherapy centre 04-06-05 18787608)

sIGNED

……………………………………………………………………………………………….........................

DATE

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**the cost of this course is £65.00.**

Please complete and return this form to the above address or email. Payment is due 6 weeks prior to the start of the course date.