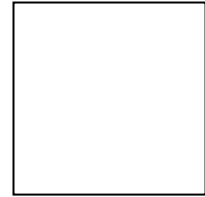




INSTITUTE OF HEALTH SCIENCES

Please affix
photo here



Student Certificate Enrolment Form

Please complete in block capitals

Dr Mr Mrs Miss (please tick one)

Name:

Address:

Email:

Mobile:

Home:

Work:

Emergency Contact Number:

Email:

IHS disseminates large amounts of information via email, it is compulsory for you to supply an email address on applying to the college.

Date of Birth:

required for security purposes

Nationality:

Profession:

Are you an Undergraduate or Postgraduate ? *Please tick*

Please specify if you have a certified knowledge of anatomy, physiology and pathology (Western Herbs only)



INSTITUTE OF HEALTH SCIENCES

Professional & Academic Qualifications:

Certificate Course: *(Please tick the course you are applying for)*

- Certificate in Dietary Coaching: Nutrition and Health
- Certificate in Dietary Coaching: Sports Nutrition
- Certificate in Naturopathic Nutrition
- Certificate in Nutrition and Health
- Certificate in Performance Nutrition
- Certificate in Nutrition and Health
- Certificate in Anatomy & Physiology
- Foundation Course in Human Sciences

Have you already studied or practiced any complementary medicine or therapy?

YES NO

If yes, please state what you were studying/practicing and where:

Please write one paragraph explaining why you want to do the chosen course and what you want to gain from doing it. Include your required end goals and any motivating factors.



INSTITUTE OF HEALTH SCIENCES

Student Declaration Statement	
Please state any current health issues you have of either a physical, emotional or mental nature:	
Are you on any long term medication: YES <input type="checkbox"/> NO <input type="checkbox"/> If 'Yes' please state the drug name and dosage:	
Please state if you have any learning difficulties that may require additional support:	
Please state any past or present criminal convictions: (<i>IHS may be required by law to conduct a garda check on your background</i>)	
The above information is a true and accurate declaration and I agree to inform the IHS should any of this information change in the future. I have read and agree to the IHS terms and condition overleaf. <i>Please sign and date this form and return to the IHS office in the envelope provided.</i>	
I wish to apply for the above stated course with the IHS	
Student signature:	Date:
IHS signature:	Date:
<i>To apply for a place on your chosen course, please email or send in your completed application form along with payment to: Registrations: Institute of Health Sciences. 13 Upper Baggot Street, Second Floor, Dublin 4. You can pay by cheque, bankers draft or postal order, made out to IHS. You may also pay by bank transfer – see information at the end of this form.</i>	
FOR IHS DIRECTOR OF REGISTRATION ONLY	
Student application accepted <input type="checkbox"/> Student application rejected <input type="checkbox"/>	
Rejection reasons:	



How to Pay

You can make a payment to us by using one of the following:

- **Internet Banking** please:
AIB Bank Account No: 75920035 & Sort Code: 936219 1
Account Name: Institute of Health Sciences
You must quote your Name and Account Number on the payment narrative so that we can distinguish your payment.
Payment takes up to 5 working days.

- **Over the counter at AIB** please:
Quote IHS Account No: 75920035 & Sort Code: 936219 2
You must quote your Name and Account Number on the payment narrative so that we can distinguish your payment.
Payment takes up to 5 working days.

- **By Post** please:
Make your cheque crossed and payable to IHS.
Write your Name and Account Number on the back of the cheque. 3
Return your payment to us at Institute of Health Sciences. 13 Upper Baggot Street, Second Floor, Dublin 4.

DO NOT SEND CASH THROUGH THE POST

Payment takes up to 10 working days.

Receipts

- A receipt can be issued for whichever payment method you choose, please request a receipt by emailing anneliese@instituteofhealthsciences.com or calling +353 (0) 1 901 4670.
- Please inform us of your chosen option for receipt and invoice delivery. Email would be our preference for Invoices and receipts.