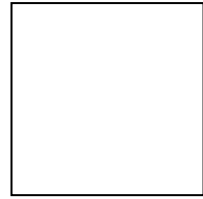




Please affix
photo here



Student Diploma Enrolment Form

Please complete in block capitals

Dr Mr Mrs Miss (please tick one)

Student name:

Address:

Mobile:

Home:

Work:

Emergency Contact:

IHS requires a contact name and number to call in case of emergency

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



INSTITUTE OF HEALTH SCIENCES

Professional & Academic Qualifications:

Have you attended an IHS Open Evening/Day or Seminar? *Please tick appropriate boxes*

YES NO

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:

IHS requires 100% lecture attendance. Do you still want to commit to your chosen course?

YES NO



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 NO

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: *(IHS as required by law will be conducting a garda check on your background)*

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.

Please sign and date this form and return to the IHS office in the envelope provided.

I wish to apply for the above stated course with the IHS

Student signature

Date

IHS signature

Date

Please send in your completed enrolment form along with a €200 enrolment fee to Registrations: Institute of Health Sciences. 13 Upper Baggot Street, Second Floor, Dublin 4.

FOR IHS DIRECTOR OF REGISTRATION ONLY

Student application accepted

Student application rejected

Rejection reasons:



INSTITUTE OF HEALTH SCIENCES

Terms and Conditions - Diploma Course in Nutritional Therapy

1. The entry requirement for this course is a Leaving Certificate or equivalent. Life-time learning is also taken into careful consideration by individual applicants who don't meet the basic requirement.
2. On acceptance of your application your place will be booked when IHS has received the completed and signed enrolment form and €200 enrolment fee if after May 31st. The deposit guarantees your place on the booked course as long as the first payment of course fees is paid at least four weeks before the course start date.
3. The enrolment fee is a non-refundable booking & administration fee. If for any reason the course does not start you will receive a refund.
4. Course fees include lectures, marking, exams and clinical practice. Course fees are charged per semester i.e. in two parts each year. One to be paid in beginning September (4 weeks before start of semester 1) and the second in January (4 weeks before start of semester 2). All students who start a semester are obliged to pay for that semester in its entirety.
5. Students are responsible for ensuring all course assignments are submitted by the due date clearly marked on each lecture plan. Students are also responsible for ensuring they know when all course exams are taking place. This is also clearly marked on the lecture plan.
6. Successful completion of the course requires 100% attendance rate, passing of assignments and exams and meeting the expected standard for clinical practice.
7. Any lectures missed will need to be attended during the following academic year and will be charged for accordingly.
8. If you need to defer your study your place may be held open for up to two years at the discretion of the Institute Director. You may be subject to an increase in course fees that has taken place during your absence. There will also be a €500 administrative charge to facilitate your return to study in addition to any course fees owed.
9. The IHS will provide what is considered to be a safe and normal learning environment and therefore cannot be held responsible for any consequence of your actions.
10. It is your responsibility to inform IHS if you suffer from any serious condition that requires pharmaceutical medication.
11. On signing the enrolment form you are agreeing to participate in a learning experience with others. The IHS reserves the right to cancel this contract if it finds your behaviour to be disruptive to all or some of the class. The IHS holds you responsible for your own actions, for looking after yourself and your belongings.
12. The IHS has a fitness to practice policy and reserve the right to withdraw access to clinical practice at any point throughout the course.
13. Please note the course structure may be subject to change in accordance to regulation and accreditation and that alternative course locations may be offered depending on class size.

To enrol, please send a signed and completed enrolment form along with the deposit and enrolment fee to the address below. You can pay by cheque, bankers draft or postal order, made out to **IHS**. You may also pay by bank transfer. Details on how to pay are below.

Registrations
Institute of Health Sciences
13 Upper Baggot Street
Second Floor
Dublin 4
Ireland

Institute of Health Sciences
Head Office: IHS, 13 Upper Baggot Street, Second Floor, Dublin 4, IRELAND. Tel: +353 (0) 76 603 0746
Email: info@instituteofhealthsciences.com web: www.instituteofhealthsciences.com



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 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 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 IHS, 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) 76 603 0746.
- Please inform us of your chosen option for receipt and invoice delivery. Email would be our preference for Invoices and receipts.