

# Bach

**INTERNATIONAL EDUCATION PROGRAM**

Organized in North America by Bach Flower Education, Living Enrichment  
Course approved by The Bach Centre

**APPLICATION FOR BACH PRACTITIONER TRAINING**

***Please complete all sections. If an item does not apply, simply list N/A.  
Any additional information may be attached on a separate sheet.  
Please note: Completion of this application form does not automatically guarantee the offer of a place on the course.***

Today's Date \_\_\_\_\_

Level 3 Program you wish to attend \_\_\_\_\_

**A. PERSONAL DETAILS**

*Please Print or Type*

Title: (Mr./Mrs./Ms./Dr./Other) \_\_\_\_\_

[Please Attach Your Photo Here]

Name \_\_\_\_\_

Mandatory

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_

Email \_\_\_\_\_

Birthdate: \_\_\_\_\_  
(optional)

Level I Course Taken, Date and Location \_\_\_\_\_

Level II Course Taken, Date and Location \_\_\_\_\_

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**B. QUALIFICATIONS & WORKING BACKGROUND**

Please list any therapeutic qualifications, with details of training establishments:

Please list any other qualifications:

What is your current occupation/profession?

Where and in what capacity are you employed?

Are you at present undergoing any other training? If YES, please specify and state duration and finishing date:

**C. YOUR PRACTICE**

Do you run your own practice? \_\_\_\_\_

What is the average number of clients you see in a week? \_\_\_\_\_

Would you be in a position to accept regular referrals for Bach Flower consultations? \_\_\_\_\_

What therapies do you currently offer?

Do you prefer to work with specific client groups? If so, please state which groups.

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**D. BACH FLOWER REMEDY AND OTHER RELEVANT EXPERIENCE**

How long have you been using the remedies:

- a. personally? \_\_\_\_\_
- b. for family members/friends? \_\_\_\_\_
- c. professionally? \_\_\_\_\_

What special skills or qualities do you possess that you feel would be an asset as a Bach Practitioner?



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Payment Information Please note we prefer that this section is left blank and payment be made over the internet for your security at [www.livingenrichment.com/level\\_3\\_enrollment.html](http://www.livingenrichment.com/level_3_enrollment.html)

Visa, MC, Discover # \_\_\_\_\_

Exp. \_\_\_\_\_ 3 or 4 digit code \_\_\_\_\_

1. The course fee is \$950.00. I authorize the charge of the course deposit of \$375.00 to my credit card. The balance of \$575.00 will be processed on my credit card three weeks prior to the start of the program.

\_\_\_\_\_  
*Authorized cardholder's signature*

\_\_\_\_\_  
*Name on card*

*Billing address, if different from Page 1* \_\_\_\_\_

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*Cancellation Policy: I understand my deposit, minus a \$75 administration fee, is refundable up to three weeks prior to the start of the course. If I cancel within 3 weeks of the course date, my deposit is non-refundable.*

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*Please return completed application form by email to:*

[info@livingenrichment.com](mailto:info@livingenrichment.com)

Alternatively, return via fax to (888) 280-5717

Note: an electronic version of this form which may be emailed may be found at  
[www.bachflowereducation.com/Level\\_3\\_app.html](http://www.bachflowereducation.com/Level_3_app.html)

Bach Flower Education  
Living Enrichment  
1467 Siskiyou Blvd. #192  
Ashland, OR 97520