



Organized in US by Bach Flower Education, Living Enrichment LLC  
Sponsored by Bach Flower Remedies, Nelsons  
Course approved by The Dr Edward Bach Foundation

**PRACTITIONER TRAINING APPLICATION FORM**

**Please complete ALL sections. 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

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 \_\_\_\_\_

**B. QUALIFICATIONS & WORKING BACKGROUND**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bach<sup>®</sup>**  
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Please list any other qualifications:

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What is your occupation/profession? \_\_\_\_\_  
Where and in what capacity are you employed?

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

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**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?

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What therapies do you offer?

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

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Payment Information:

Visa, MC, Discover # \_\_\_\_\_ Exp. \_\_\_\_\_ 3 or 4 digit code \_\_\_\_\_

1. I authorize Living Enrichment LLC to charge a course deposit of \$300.00 to my credit card. The balance of \$550.00 will be processed on my credit card three weeks prior to the start of the program.

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*Authorized cardholder's signature*

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*Name on card*

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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 to:*

Bach Flower Education  
Living Enrichment LLC  
PO Box 1277  
Sayville, NY 11782  
Fax (631) 563-6138      email: [info@livingenrichment.com](mailto:info@livingenrichment.com)