



The Irish School of Homeopathy

Application Form

4 Year Part-Time Professional Training Course in Homoeopathy



Cork School Application

Dublin School Application

Course Commencement Date - September

Name _____ Date of Birth _____

Address _____

Phone Number _____ Mobile Number _____

Email Address _____

Occupation _____

1. Have you attended an introductory workshop in Homoeopathy?

If yes please state name of Course Provider/Homoeopath.

2. Have you any previous experience of using homeopathy or other CAM therapies (Complementary and Alternative Therapies), this can include attending as a patient:

3. On a separate sheet, please list educational information and occupational history (to include work experience and employers).

4. Your personal journey and experience of life is as important as the qualifications you have gained along the way. Please write a few paragraphs on a separate sheet to help us understand what led you to want to study homeopathy.

Signed _____ Date _____