



**Jo rose**

Animal Physical Therapy | Applied Behaviour | Courses

**Village Farm  
Emmington  
Chinnor  
Oxon  
OX39 4AA**

**phone: 07989 505264**

**e-mail: [joroseholistic@yahoo.co.uk](mailto:joroseholistic@yahoo.co.uk)**

**website: [www.rose-therapy.co.uk](http://www.rose-therapy.co.uk)**

**Course booking form: Please fill in details.  
(Please note: Merishia Massage requires a separate booking form)**

**Course:**

**Venue and date:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Post Code** \_\_\_\_\_

**Phone no** \_\_\_\_\_

**Mobile no** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Your main occupation** \_\_\_\_\_

**Age** \_\_\_\_\_

**How did you hear about this course?**

\_\_\_\_\_ **PTO**

**My equine experience includes**

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**Other animal experience includes**

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**I Do / Do Not suffer from any allergies? (cows milk, dairy, wheat, nut allergies, dogs, horses etc)**

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**I Do / Do Not have any disabilities or special requirements?**

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**Please delete as appropriate:**

**I have paid a £40 deposit/ the full amount via:**

**BACS:** Bank: Barclays. Name on account: Miss CJ Rose. Sort number: 20-49-76. Account number: 60746045  
(For overseas payments: SWIFTBIC BARCGB22. IBAN GB79 BARC 2049 7660 7460 45)

**I enclose a cheque for £40 deposit / the full amount, payable to C.J Rose.**

**Please send the completed booking form to the address at the top.**

**I understand that the deposit is non-refundable, but may be transferable. I understand that the balance for courses involving outside teachers may not be refundable or transferable within 3 weeks of the course.**

**It is the individual's responsibility for their own safety when dealing with animals whilst enrolled on this course. No liability can be accepted by the course facilitators or property owners for injury or damage to students, third parties or animals concerned during the course or at any time on the premises. We reserve the right to provide alternatives in the event of insufficient participant numbers (with notice) or disruptive weather. I understand and agree.**

Privacy Policy: I agree to have my personal details (name / address / contact details) stored in a student data base on a secure personal devise while I am a student with the Rose Therapy school, available only to head of school, under the GDPR regulations. This will be used for communication and will not be shared with anyone else. I have the right to ask for this to be erased. Should I have a complaint regarding data, I can lodge this with the head of the school (Jo Rose).

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_