



**KAGYU SAMYE DZONG DUNDEE**  
The Dundee Buddhist & Healthy Living Centre

**Practitioners & Instructors Registration Form**  
*This information is confidential & for Accreditation Purposes only*

**Please fill this form in carefully, legibly, in BLOCK CAPITALS, using BLACK ink**

**Please complete a new registration form for each therapy to be practised in the centre.**

<b>Personal Details</b>	
Surname: _____	Forename(s): _____
D.O.B.            /    /	Occupation: _____
Address: _____	Town: _____
Post Code: _____	Tel. No. _____
Mob No. _____	e-mail: _____

<b>Professional Qualifications</b>	<b>Office use Only</b>
Qualification: _____	Verified            Yes    No
Initials :            _____    Date    /    /	Copy of Cert.      Yes    No
Training Body: _____	Cert. No. _____
Address: _____	First aid            yes      no
Town:                _____    Post code: _____	Cert. no. _____
Tel. No. _____    Mob No. _____	Renewal Date      /    /
e-mail: _____	

<b>Professional Body</b>	<b>Office use Only</b>
Name: _____	Verified            Yes    No
Address: _____	Copy of Reg.      Yes    No
Town:                _____    Post Code: _____	No. of Reg. _____
Tel. No: _____    Fax No. _____	<b><u>INITIALS</u></b>
e-mail: _____	
Membership No: _____    Expiry Date:    /    /	<b><u>Renewal Date</u></b> /    /

