



Bach International Education Programme

Practitioner Course - Application Form

Organised in Eire in association with Bach Flower Remedies. Approved by the Dr Edward Bach Foundation

Please complete ALL sections. Any additional information should be on a separate sheet and attached to your application form. Please attach a passport-sized photo.

Please note: Completion of this application form does not automatically guarantee the offer of a place on a course.

Date: \_\_\_\_\_

A. Personal Details

BLOCK CAPITALS please

Title: (Mr/Mrs/Ms/Dr/other)

\_\_\_\_\_

Surname

\_\_\_\_\_

First name(s)

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ (day)

\_\_\_\_\_ (eve)

Age: \_\_\_\_\_



**Bach International Education Programme**

**Practitioner Course - Application Form**

Organised in Eire  
in association with  
Bach Flower Remedies.  
Approved by the  
Dr Edward Bach Foundation

**Level 1 course** date, location and trainer: \_\_\_\_\_

\_\_\_\_\_

**Level 2 course** date, location and trainer: \_\_\_\_\_

\_\_\_\_\_

**B. Qualifications & Working Background**

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

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

Please list any other qualifications:

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



Organised in Eire  
in association with  
Bach Flower Remedies.  
Approved by the  
Dr Edward Bach Foundation

What is your occupation/profession?

---

---

---

---

---

---

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?

---

---

---

If not, where and in what capacity are you employed?

---

---

---

Please describe the environment where clients are seen (e.g. home, therapy room attached to your home, clinic, clinic attached to health store etc.)

---

---

---

---

---



**Bach International Education Programme**  
**Practitioner Course - Application Form**

Organised in Eire  
in association with  
Bach Flower Remedies.  
Approved by the  
Dr Edward Bach Foundation

What therapies do you offer?

---

---

---

---

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?

---

---

---

Do you have a restriction as to the type of client you would see (e.g. speciality fields: children, elderly, cancer patients etc.)?

---

---

---

Would you accept referrals *solely* for Bach Flower therapy, without including any other therapeutic practices unless asked to do so?

---

---

---

**D. Bach Flower Remedy And Other Relevant Experience**

How long have you been using the Bach Remedies:

a. for yourself?

---





**Bach International Education Programme**

**Practitioner Course - Application Form**

Organised in Eire  
in association with  
Bach Flower Remedies.  
Approved by the  
Dr Edward Bach Foundation

---

Have you received training or made a study of anatomy & physiology? If yes, what form did this take?

---

---

---

---

---

Do you possess any other special skills or qualities that you feel would be an asset as a Bach Flower Remedy practitioner?

---

---

---

---

**Course Fee €525**

**Deposit €200**

Please return completed form and passport photo with deposit [which is non refundable if you cancel the course] to:

Joan O' Reilly BFRP  
Cedar Lodge  
Gortatlea  
Tralee  
Co Kerry