

**The Shiatsu School Edinburgh**  
**Application Form**

I would like to book for

- One Year Shiatsu for Relaxation Certificate Course
- Year 2 Japanese Bodywork Diploma
- Year 3 Practitioner Training

Name .....

Address .....

.....Postcode.....

Reason for doing this course? .....

.....

If you are not on our mailing list would you like to be added?  
Yes / no

Phone .....E-mail .....

Date of birth:.....

Occupation:.....

Previous Shiatsu experience:.....

Experience of related disciplines:.....

Please detail any health issues we need to take into account?.....

.....

(For One year course only) I completed a Shiatsu intro day

with ..... on ..... (date)

Signature ..... Date .....

You will receive a receipt and letter of confirmation once you have paid your deposit.

- I have paid a fee of £200 into your bank account
- I enclose a cheque (made payable to The Shiatsu School Edinburgh) for £200  
*(please delete where appropriate)*

The Shiatsu School Edinburgh  
Bank of Scotland 61 Leith Walk, Edinburgh EH6 8LS  
Sort code: 80-02-71  
Account Number: 00973641

Please either print out and return to:  
The Shiatsu School Edinburgh  
3 Granton View, Edinburgh, EH5 1BP  
Or e-mail to [admin@tssed.org](mailto:admin@tssed.org)