

THE CENTRE FOR HOMEOPATHIC EDUCATION NEW YORK CITY
Application Form 2014-2015

CONFIDENTIAL

Name

Date of Birth

Age

Place of Birth

Gender M F

Address

Telephone Numbers (please indicate preferred contact number)

Work

Home

Mobile

Email

Occupation





Your reasons for choosing the course and why you want to study homeopathy

Academic history - degrees received/special courses, qualifications, etc.

Achievements – Personal and Professional**What experience with homeopathy have you had?**

CHE NYC suggests that all students consider receiving homeopathic treatment. Are you currently? Please give a brief outline.

Do you have special learning needs? Please specify.

Do you have a disability that we need to take into account?

How did you learn about CHE NYC? Circle one.

Friend

Homeopath

Internet

Flyer

Other (please explain)

CHE NYC requires submission of two references, one personal and one academic/professional. These references should be sent directly to CHE NYC, to the attention of Denise Straiges, Director and Dean of Clinical Affairs, at dstraiges@chehomeopathy.com.

Declaration:

Any statements on this form, which prove to be untrue or purposely misleading, will cause the application to be canceled.

I confirm that the information given in this form is true, complete, and accurate. I consent to the processing of this information by the Centre for Homeopathic Education New York City for educational purposes only.

Applicant's Signature

Date

Please send completed application to:

**CHE NYC
500 Eighth Avenue, Suite 905
New York, NY 10018**

For Official Use:

Date of Interview:

Interviewer:

Identification Provided:

Further action required: