



INTRODUCTORY DAY ENTRY FORM

PART 1

PLEASE USE CAPITALS FULL NAME (Mr/Mrs/Miss/Ms etc.).....
ADDRESS.....
.....
.....
POSTCODE..... TEL.NO.....
E-MAIL.....

I wish to enter for the Introductory Day to be held on...13th October 2019

I enclose a cheque for £75 made payable to Keys College of Radionics

PART II

1. WHAT IS YOUR AGE? Under 26 26/35 36/60 over 60

2. WHAT SCHOLASTIC/ ACADEMIC QUALIFICATIONS DO YOU HOLD?

a) UNIVERSITY DEGREE.....

b) 'A' LEVEL PASSES.....
.....
.....

c) GCSE/'O'LEVEL.....
.....
.....

d) SCHOOL CERTIFICATE CREDITS.....
.....
.....

e) SCHOOL CERTIFICATE PASSES.....
.....
.....

f) CERTIFICATE OF SECONDARY EDUCATION PASSES.....
.....
.....

g) PROFESSIONAL QUALIFICATIONS.....
.....
.....

3. WHAT IS YOUR PRESENT OCCUPATION?

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.....

4. WHAT OTHER SPECIAL INTERESTS DO YOU HAVE?

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.....
.....

5. HAVE YOU RECEIVED RADIONIC TREATMENT? YES / NO*
IF SO: BY WHOM WERE YOU TREATED? **Please delete whichever is applicable.*

.....

6. DO YOU HAVE ANY OTHER EXPERIENCES OF RADIONICS?

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.....
.....

7. HOW DID YOU HEAR ABOUT KEYS COLLEGE?

.....

SIGNATURE.....

DATE.....

This form should be completed and sent to:

**Mrs S Warrington, The Bothy, Cats Abbey Farm, Northleach, Cheltenham,
Glos, GL54 3QD.**

Or via e-mail: sandiwarrington@btinternet.com

CLOSING DATE FOR APPLICATION:..... 29 September, 2019.....