



# INTRODUCTORY DAY ENTRY FORM

## PART I

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

The date for the next Introductory Day will be published as soon as the Government's Covid-19 guidelines on social distancing permit such gatherings to resume.

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) GSCE/'O'LEVEL.....  
.....  
.....

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

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6. DO YOU HAVE ANY OTHER EXPERIENCES OF RADIONICS?

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.....  
.....  
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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 email: [sandiwarrington@btinternet.com](mailto:sandiwarrington@btinternet.com)

**CLOSING DATE FOR APPLICATION: ..... TBC.....**