



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.....
.....
.....

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

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

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

3. WHAT IS YOUR PRESENT OCCUPATION?

.....
.....

4. WHAT OTHER SPECIAL INTERESTS DO YOU HAVE?

.....
.....
.....

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?

.....
.....
.....
.....

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

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