



THE
KEYS COLLEGE
OF RADIONICS

INTRODUCTORY DAY ENTRY FORM

PART I

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

I wish to enter for the next Introductory Day to be held on a date to be confirmed.

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 EVER 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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.....

7. HOW DID YOU HEAR ABOUT KEYS COLLEGE?

.....

SIGNATURE.....

DATE.....

This form should be completed and sent to:

Mrs S Warrington, 33 Rodmarton, Cirencester, Glos, GL7 6PE

Or via email: sandiwarrington@btinternet.com

CLOSING DATE FOR APPLICATION: DATE: 15th Oct 2022