

**Junior Herbalist**© **Leader Training – application form**

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| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Telephone number (mobile) |  |
| Date of Birth  |  |
| Qualification held |  |
| Professional body  | NIMH / URHP / Other (please state) |
| Membership number |  |
| Professional Liability Insurer details | Eg. Balens Block Insurance |
| Do you have any prior teaching experience? |  |
| Do you have any allergies/disabilities/special dietary requirements? |  |

I understand that only herbalists who have graduated from NIMH / EHTPA accredited courses (or have completed individual accreditation) may undertake the course leader training.

I have paid the £100 deposit to secure my place on the leader training course and understand that this deposit is non-refundable\*. I understand that payment in full needs to be made before 30th April 2025.

Signed: Date:

\*Should the course have to be cancelled by the organisers, all monies paid including deposits will be refunded in full