**INTRODUCTION TO CK™   
WORKSHOP APPLICATION**

**SAVE the blank application to a folder on your computer, then fill in all the items & SAVE again. Send email with the filled in form attached to** [**ckt@ckt.com.au**](mailto:ckt@ckt.com.au)**. Alternatively, fill it in, print it out & post to Gordon Dickson, CK Training, P.O. Box 667, Buddina Qld 4575**

**Name:**

**Address:**

**Telephone: (Specify if home, work &/or mobile)**

**Email:**

**Kinesiology Training:**

**Counselling Training or Experience:**

**Date and Location of Introduction to CK™ Workshop applying for:**

**How you heard about our workshops:**

**Payment details (all prices GST inclusive):**

Introduction to CK™ Workshop - Full Payment including competency assessment [ ] $299

- Deposit [ ] $95

- Repeat [ ] $150

**Method of payment:**

[ ] Credit Card: VISA: \_\_\_ MasterCard: \_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_\_\_

Card Number: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Bank Transfer to:

Bank: Commonwealth Bank of Australia

Account Name: Integrated Health Kinesiology

BSB: 064 447 Account No: 1009 1485

(please include your name in the account description or payment advice and   
 email your bank ‘s transfer record to [ckt@ckt.com.au](mailto:ckt@ckt.com.au))

Please fill in the brackets **[ ]** with a **[yes]** to confirm your agreement.