**CK™ 1 APPLICATION FORM**

**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:**

[ ] I have covered all of the kinesiology prerequisites for CK1

**Counselling Training or Experience:**

**Date and Location of CK1 Workshop applying for:**

**How you heard about our workshops:**

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

[ ] Complete CK™1 Training ‘Pay As You Go': I agree to seven monthly payments of $265, to be automatically debited from the following credit card or paid by monthly bank transfer, to cover the complete CK1 training, including competency assessments (**total = $1855**)

*On receipt of the application form with either credit card details or emailed notification of your bank’s transfer record for the first payment, workbooks 1-3 will be sent out straight away. Subsequent payments will be debited / due on the first of the month starting on 1st March 2018.*

**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