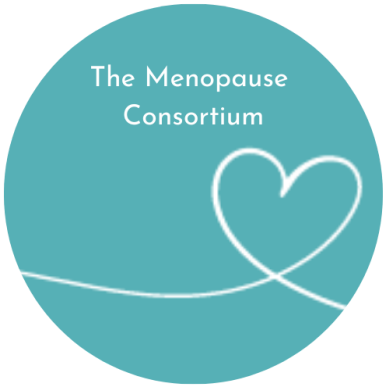

Personal Details

Full Name & Title

Address

Contact Number

Email Address

Emergency Contact Name and Number

Professional Qualifications

Qualifications

Additional training

Required Information to be sent via email

CV

Attached Y/N

Enhanced DBS - Attached

Attached Y/N

Why Do you wish to become a BMS Specialist - Attached

PLEASE PROVIDE YOUR ANSWER ON A SEPARATE SHEET

Photograph for ID

Attached Y/N

Can you provide 2 professional references

Y/N

Attached

Disclaimer

The completion of this application form and submission can not be seen as an offer of a place at The Menopause Academy. All places will be offered after interview phase. Please confirm if you accept the disclaimer

Y/N

On acceptance of an offer to study at The Menopause Academy an invoice will be sent and due within 7 days. If not received by due date your offer will be revoked.

Y/N

On receipt of funds, you will be sent a discount code and link to log in to The Menopause Academy e-Learning course

Y/N

Signature

Date

**Please email completed form and requested documents to info@themenopauseconsortium.com*