

INTERNATIONAL FEDERATION



OF REFLEXOLOGISTS

76 - 78 Edridge Road
Croydon, Surrey
CRO 1EF

Tel : 020 8645 9134

Fax : 020 8649 9291

www.IntFedReflexologists.org

e-mail :

Info@IntFedReflexologists.org

School Membership Application

School Details

Full Title of School : _____

Address of School : _____

Postcode _____

Telephone Number : _____

Fax Number : _____

E-Mail Address : _____

Web Site Address : WWW. _____

Head Tutor Details

Name : _____

Qualifications : _____

Date Qualified in Reflexology : _____

Reflexology Qualifications Held : _____

Date When School Established : _____

Year the School first offered Reflexology courses : _____

Are courses offered part-time or full time ? _____

Total Number or Clients used for case studies? _____

Total number of days tuition : _____ Course duration _____

Are you prepared to enter your students for IEB / IFR examinations ? YES / NO

Are you prepared to teach Anatomy & Physiology ? YES / NO

Are you prepared to enter students to take examinations in Anatomy & Physiology ? YES / NO

Are you prepared to teach students Reflexology to the required standard ? YES / NO

Are you prepared to enter students for Reflexology examinations ? YES / NO

When returning the completed form please submit the following :-

- School Prospectus
- Objectives
- Course Content
- Aims
- Outline of course training plan
- School Membership fee £300

For office use Received Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No
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Signed by (Print Name) _____

Signature _____

Date _____

On the behalf of (Print School Name and Address)

