

Canadian School of Colon Hydrotherapy

A Career in Colon Therapy

Application Form

Applicant First Name: _____ Last Name: _____
Address: _____
City: _____ Postal Code: _____ Date of Birth: (m/d/yr. _____
Cell Phone: () _____ Home Phone: () _____
Email Address: _____

- Fill out, sign, date and submit this form to CSCH via email or fax.
- Please include a current CV/Resume. Include any names, locations, of schools, colleges, universities you attended and received qualifications.

Please answer the following questions:

1. Do you have First Aid or CPR training: YES ____ NO ____
If yes, please indicate the name of the school _____
If yes, please indicate date course completed: _____
2. Have you ever received a colon hydrotherapy treatment for yourself? YES __ NO __
If yes, what was the date of your last treatment? _____
If yes, where was this treatment administered? _____
3. Do you have any training on any other alternative health modalities? YES __ NO __
If yes, please list the modality _____
If yes, please list name of school _____
If yes, please list date course completed _____
Did you receive a diploma or certification? _____

A paragraph stating why you are interested in taking this course: _____

Confidentiality and Disclosure: Absolutely no part of the content in the copyrighted publications, course material or teachers' notes, may be photocopied or adapted for teaching purposes or shared with anyone not taking the CSCT program. Breach of these restrictions will result in legal action.

I understand and accept the above prerequisites and terms and understand that my registration in this course is pending approval from administration. I confirm that all of the information I provide to Canadian School of Colon Therapy is accurate and correct. I certify that I have read, understand and accept the items and terms outlined on this application form.

Applicant's Name (please print) _____ Date: _____

Applicant's Signature: _____

Please Email or Mail to:

CANADIAN SCHOOL OF COLON HYDROTHERAPY
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Phone: 416-291-4437