

# NATIONAL REGISTER OF REFLEXOLOGISTS (IRELAND)

ESTABLISHED 1998

Terryland House, Headford Road, Galway.

TELEPHONE: 091-547688



E-MAIL: [info@nationalreflexology.ie](mailto:info@nationalreflexology.ie)

WEBSITE: [www.nationalreflexology.ie](http://www.nationalreflexology.ie)

## APPLICATION FOR STUDENT REGISTRATION

(CONFINED TO STUDENTS ATTENDING NRRI AFFILIATED SCHOOL)

To the Registrar,

This form is valid until 31/05/2012  
(please complete in block capitals)

**PERSONAL INFO:**

**NAME(S):** .....

**SURNAME:** .....

**Date of Birth:** ...../...../..... (optional)

**HOME DETAILS FOR CORRESPONDENCE:**

**ADDRESS:** .....

.....

**TOWN/CITY:** .....

**COUNTY:** .....

**CONTACT DETAILS:**

**TELEPHONE(S):** .....

.....

**E-MAIL:** .....

**WEBSITE:** .....

**TRAINING / EDUCATION INFO:**

**QUALIFYING SCHOOL:** .....

**COURSE TITLE:** .....

**COURSE DURATION:** ..... months.      **SCHEDULED GRADUATION DATE:** ...../...../.....

*I understand that my membership may be suspended should I be found to be in breach of the NRRI Student Code of Ethics a copy of which will be supplied to me together with my Certificate of Registration.*

*I understand that my membership will be valid only for the duration of this present course and that I shall be eligible for registration as a Full Member of the NRRI when awarded my Diploma; and that as a student member I shall be in receipt of the NRRI quarterly Journal "Reflexions".*

*Should I fail to complete the course for whatever reason my membership will be cancelled without refund of my membership fee.*

*I enclose my membership fee **25 euro** I am over 18 years of age and I hereby apply for Student Membership of the National Register of Reflexologists (Ireland).*

Signed: .....  
(by Applicant)

Date: ...../...../ 2011.

Counter signed .....  
(by School Principal):

Date: ...../...../ 2011.

**For Office Use Only: Date received:** ...../...../..... by.....

**Total Fee paid:** €..... (chq / mo / po)

Qualification approved: **YES / NO** Registration approved: **YES / NO**

Registration confirmed and Certificate issued on:...../...../.....

Comments: .....

Signed: ..... Registrar.      **Date:** ...../...../.....

**Member's Registration Number**

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