



International Association of Infant Massage Registration Form

Date

LOCATION OF VENUE

Name

Name preferred (for name tag)

Home Address

Phone

Email

Occupation

Company

Work Address

Work phone

Work Email

Any other relevant information e.g. Disabilities or Additional Needs:

Invoicing

Please issue an invoice to (please clearly indicate name and address of the company or individual who we are to invoice):

Please note, all trainings must be paid for 30 days prior to the commencement date.

Contact name:

Address:

Purchase order number:

How did you hear of Childways?

Resources

Resources for your training course are available from our website www.childways.co.uk. You will need a demonstration doll in order to complete the course. Dolls can be purchased individually or as part of a Starter Pack. If you require resources please indicate below your requirements:

Doll (Caucasian/Afro Caribbean/East Asian) £62.50 Yes/No

Starter Pack One £75.00

Doll, Bodysuit, Cloth bag, Ami Tomake CD Yes/No

Starter Pack Two £135.00

Doll, Cloth bag, 6 mats, Ami Tomake CD Yes/No

Starter Pack Three £85.00

Doll, 1 litre oil, 20 bottles, Ami Tomake CD Yes/No

Starter Pack Four £25.00

1 litre oil, 20 bottles Yes/No

Starter Pack 5 £62.00

2.5 litres oil, 50 bottles Yes/No



Reference

Please can you provide us with the name of a referee – someone (not a relative) who has known you for more than three years and could give you a character reference if needed.

Payment & Cancellation Policy

I understand that the booking fee of £150 (which is part of the training fee) I have paid is non-refundable. Settlement for the invoice must be received 30 days before commencement of training. Payment can also be made by PayPal or by Card. We are unable to accept cheque payments.

Training Information

Childways invites local parents with their babies to the training, for one hour on the last three days. This is to enable delegates to experience practical sessions with families.

Declaration

I declare that I am fit, healthy, over 18 years of age and know of no reason why I should not attend this training. I declare that all the above information is correct to the best of my knowledge.

I understand that I am required to complete a home assignment after the training in order to qualify. This will consist of four sections, including short questions and multiple choice questions. There is also a practical element which involves holding your own five week baby massage course, with a minimum of five parents and babies attending.

I understand that I may need to organise an Enhanced DBS Check before working as an Infant Massage Instructor.

I understand that if I become an Independent Practitioner I will require the appropriate insurance.

All parts of this form are confidential and must be completed. The IAIM UK Chapter and the organiser reserve the right not to accept an application.

Name: _____

Signature _____ Date _____

“to promote nurturing touch and communication through training, education and research so that parents, caregivers and children are loved, valued and respected throughout the whole community”