



## Women's Health Course - Denmark Registration Form - 2024 intake

To be returned to: Corinne Jones  
[corinnejones.mih@gmail.com](mailto:corinnejones.mih@gmail.com)

### PERSONAL DETAILS:

Name:.....

Address:.....

.....

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Email Address:.....

Phone Number: .....

Date of Graduation: .....Degree or Diploma:.....

Institution name and country .....

Registration number to professional body.....

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Please sign under the following statements:

- I apply to the Women's Health Diploma Course - Denmark
- I will always have respect and professional integrity for my patients and colleagues.
- I am fully insured
- I have never had a complaint relating to my professional activity
- I accept that I will only gain the qualification upon completing 90% attendance of lectures
- I accept to take part fully in the practical sessions as a practitioner and a patient for per-vaginal and per-anal technique classes
- I will pay a fee of **£120** for my application/interview process which is nonrefundable. Please note this is an admin fee and does not guarantee your place onto the course.
- If my application is successful and I accept the offer, I will pay a deposit of **£1500** to secure my place which is non-refundable but will be taken of the total of the tuition fees.
- If I decide to withdraw at any point during the year, I still will have to pay the entire tuition fees for that year.
- I enclose a recent passport photo of myself.
- I understand that all the lectures will be delivered in English or translated into English and there will be regular oral and written assessments. I confirm that the level of my oral, written and listening skills in English are good enough to register on this course.



# MOLINARI INSTITUTE OF HEALTH

[www.molinari-institute-health.org](http://www.molinari-institute-health.org)

I agree to pay a non-refundable amount of £120 to register my application.

If my application is successful and I accept the offer, I agree to pay a £1500 nonrefundable deposit to secure my place on the course.

## FEES AND INSTALMENT DATES

£3250 per year to be paid in four instalments.

**The figures below reflect the £1500 deposit already paid.**

Before 31 October 2024	£1500
Before 31 March 2025	£1500
Before 31 August 2025	£1500
Before 31 January 2026	£1500

## PAYMENTS BY BANK TRANSFER ONLY TO:

STARLING BANK

Account Name: Molinari Academy of Osteopathic Medicine Ltd

Account Number: 16953750

Sort Code: 608371

IBAN: GB93SRLG60837116953750

SWIFT/BIC: SRLGGB2L

Please use your name and WHC - Denmark as reference.

Signature:.....Date: .....

Please complete this form, sign it, and email it to: [corinnejones.mih@gmail.com](mailto:corinnejones.mih@gmail.com)

Thank you !



**Women's Health Course  
Denmark - 2024 intake  
Questionnaire**

**Name:**.....

1 Please could you tell us why you would like to do this course?

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2 What experience have you had to date using/receiving internal PV or PA techniques?

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3 What do you think of these techniques?

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4 How many patients a week do you treat?

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5 What percentage of these are women with female health issues?

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6 How do you see your practice in 5 years' time?

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7 What experience have you had with the following techniques: cranial, visceral, fascial structural?  
Please give details.

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8 Any additional statement to support your application.

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