Australian Shiatsu College

HLT52215 Diploma of Shiatsu & Oriental Therapies

Expression of Interest Form

My Details

Name: .....
Address: .....
Phone Number: .....
Alternate Number: .....
Email: .....

Personal Statement

Please provide a written statement to support your application to enrol in the Diploma of Shiatsu and Oriental Therapies (HLT52215). The statement should demonstrate your motivation and commitment to study, your knowledge of the course and include any relevant work experience information.

Please return to the Australian Shiatsu College
info@australianshiatsucollege.com.au or 103 Evans St, East Brunswick, Vic 3056