



## Application to become a Juice Master Natural Juice Therapist

Title:  First Name:

Surname:

Gender:  Date of Birth:

Address:

Post Code:

Email:

Tel No:  Mob No:

Qualifications: Please list formal qualifications (educational, professional and vocational).

(Please continue overleaf if necessary).

Experience: Please state briefly any experience you have in the field of healthcare that is relevant to becoming a Natural Juice Therapist.

(Please continue overleaf if necessary).

Current Occupation:

Have you ever read any of Jason Vale's books? If so which ones?

Have you or any business you have been involved in ever been convicted of any criminal offence, or have a case pending, other than a minor driving endorsement? If Yes, please provide details:

### Personal Health Profile

Are you currently under a medical doctor's care? Yes  No

If yes, please explain:

Height?

Weight?

List all medications that you are taking (including over the counter):

Please outline how much of the following you consume:

Cups of Coffee per day?

Cups of Tea per day?

Carbonated Drinks per day?

Alcohol - Units per week?

Juicing – No. of times per week?

Cigarettes per day?

Exercise: How often do you exercise per week?

Have you ever attended a Retreat or Seminar?

Please write an essay of no more than 500 words on why you wish to apply for The Juice Master's Natural Juice Therapist Course:

*"I wish to train as a Juice Master Natural Juice Therapist because..."*

(Please continue overleaf and/or on a separate sheet of paper securely attached to this application form).

**Payment details:**

- I would like to pay for section 1 in full at the reduced rate of £ 1299\*  (please tick)
- I would like to pay for section 1 in instalments (as outlined below)  (please tick)  
*(Pre commencement of: Module 1 = £359; Module 2 = £359; Module 3 = £359; module 4 = £359 – Total if paid via instalments = £1436\*)*
- I would like to pay for section 2 (The Academy) = £995\*  (please tick)
- I would like to pay in full for section 1 and section 2 = £2294\*  (please tick)

Method of Payment: Cheque  Credit Card  Bank Transfer

Cheque enclosed for £ ..... (please write in amount)

Card Number: ..... Name of Cardholder .....

Valid From: ..... Expires:..... Sec. Code ..... Issue No: .....

\* Please Note due to the time and investment that has gone into developing this distance learning course, all payments are non refundable.

Applicant's signature:  Date:



**CMA (Complementary Medical Association)  
approved official course provider**

Please fill in all details & return with cheque (if applicable) made payable to Juice Master Ltd. Payment of the deposit is no guarantee of acceptance on the course. In the event of an unsuccessful application, the deposit will be returned in full.

Send application to:

**Juice Therapy, Carol Brace, Cornerways, Fleming Rd, Woodnesborough, Sandwich, Kent, CT13 0PX**

**W:** www.juicemaster.com **e:** info@juicemaster.com **t.** +44 0845 130 28 29