Registration Form

Academic year 2021 – 2022

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| --- | --- | --- | --- |
| Full name |  | | |
| Gender |  | Date of Birth |  |
| Official Address |  | | |
| Your languages (you may tick more than one ) | Dutch | English | Chinese |
| Education background |  | | |
| Your profession |  | | |
| Do you work full-time |  | | |
| Please strikethrough the course(s) you would like to study | | | |
| 1. Foundation of Chinese Medicine (Dutch) 2. Foundation of Chinese Medicine (English) 3. Acupuncture Year 1 (Dutch) 4. Acupuncture Year 1 (English) 5. Acupuncture Year 2 (Dutch) 6. Acupuncture Year 2 (English) 7. Tuina Therapy (English) 8. Tuina Therapy (Dutch) 9. Herbal Medicine (English) (English) 10. Herbal Medicine (English) (Dutch) | | | |
| By sending this form I confirm that the information given in this form is true, complete and accurate.I agree DAA will keep my personal data only for their own administration | | | |
| applicant |  | Date/place |  |

* This is the basic registration form, you might be request to verify some information when necessary; All courses must meet the sufficient registration students to start.