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)

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| 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.