



For office use only

Reg. No:

Course of Study:

# QUANTUM HEAL HUB

# Application Form

## 1. PERSONAL DETAILS

Applicant's Name as it appears on ID Card or Passport:

Name:

Last Name:

Father's Name (optional):

Mother's Name (optional):

Sex:      Female      Male

Date of Birth: / /

Country of Birth:

Identity Card EU applicant:

Nationality:

Country of Residence:

Passport Number (International applicant):

Place of issue

Date of Issue: / /

Expiry Date: / /

## 2. APPLICANT'S CONTACT DETAILS

Telephone Number (home):

Telephone Number (mobile):

Email address:

**Current Mailing Address:**

Street & No:

Postcode:

City / Town

Country:

#### 4. STUDY INFORMATION

**Program of Study Applying for:**

**Awarding Body: QLS - Quality License Scheme**

**Top-Up- University Of America**

Choice 1: QLS Sujok Level 6	
Choice 2: QLS Aromatherapy Level 6	
Choice 3: QLS Advanced Holistic Nutritional Level 6	
Choice 4: QLS Reflexology Level 6	
Choice 5: QLS Neuro-Linguistic Programming (NLP) Level 6	
Choice 6: QLS Advanced Astrology Level 6	
Choice 7: QLS Biofeedback, and the Mind-Body Connection Level 6	
Choice 8: QLS Advanced Numerology Level 6	
Choice 9: QLS BioFeedback and Bioresonance – Unlocking the Power of Harmonious Living Level 6	
Choice 10: QLS Advanced Program in Holistic Naturopathy Level 7	
Choice 11: QLS Advanced Clinical Hypnotherapy Level 7	
Choice 12: QLS Post Graduate Diploma in Bio Resonance, & Bio-feedback analysis Level 7	
Choice 13: QLS Reflexology Level 7	
Choice 14: Bachelor Top-Up University of America	
Choice 15: Master Top-Up University of America	
Choice 16: Other	

#### 5. EDUCATIONAL BACKGROUND

Names of educational institutions attended and/or attending\* (Secondary, College, University) – most recent first

Name of Institution	City/Country	Dates of Attendance		Qualification <i>(Certificate, Degree, etc)</i>	Language of Instruction
		From	To		



### 13. HOW DID YOU HEAR ABOUT QuantumHealHub

- QUANTUMHEALHUB website     Facebook     Instagram     LinkedIn  
 Twitter     Other
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### DECLARATION OF CONSENT FOR THE USE OF PERSONAL DATA

I confirm that all information and personal data provided in this registration form are accurate and true  
I, the applicant hereby provides my consent to the processing of my personal information, which I have disclosed herein to the QuantumHealHub for the purpose of registering and enrolling me in the aforesaid course

Name:

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Date:

Signature:

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*Note: The Application Form should be accompanied by all supporting documents when submitted.*

Please check if you have submitted the following:

### APPLICATION CHECKLIST

(Academic records submitted by international students need to be certified/attested)

- Copy of ID / Passport
- Copy of High School Leaving Certificate
- Copy of Previous Higher Education Transcript/Degree
- Copy of English Proficiency Exams Certificate (if applicable)
- Certificates of Other Academic and non - Academic Qualifications(if applicable)
- Curriculum Vitae (CV)
- Completed and Signed the Application Form

PLEASE RETURN YOUR COMPLETED APPLICATION FORM WITH ALL RELEVANT DOCUMENTS TO THE FOLLOWING EMAIL ADDRESS: [info@quantumhealhub.com](mailto:info@quantumhealhub.com) Thank you.