

# Faculty of Homeopathy



## Application for Specialist Registration Training

Name

Address

Telephone

Day
Evening

Fax/Email

**MEDICAL CAREER with dates**

Medical qualifications

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Medical training posts

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Career Posts/Appointments

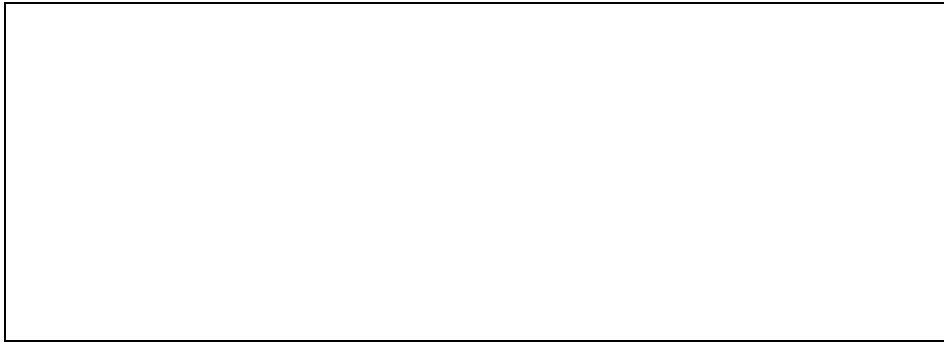
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Date passed MFHom

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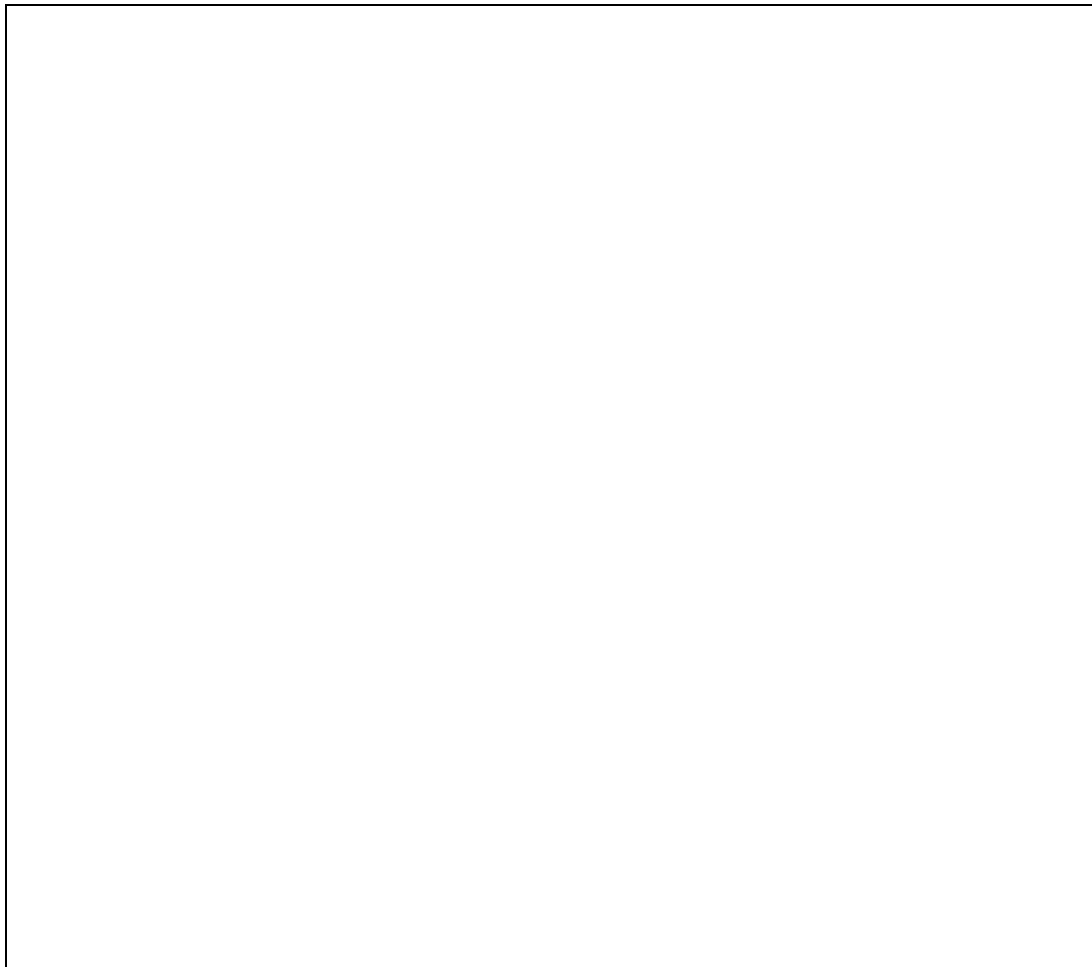
P.T.O

Proposals for Homeopathic Training/Development



**Opportunities for homeopathic practice available to you**

Please provide details below of the setting in which you practiced homeopathy (eg GP, Inpatient, OPD, PP) and the number of sessions per week. **Please enter work in different settings separately.** (GP sessions to include those involving significant level of homeopathic prescribing (at least 30%).



**Please continue overleaf if necessary**  
**P.T.O**

**Signature**

**Date**

**Please sign, date and return this form to Lisa Peacock, Faculty of Homeopathy,  
Hahnemann House, 29 Park Street West, Luton LU1 3BE Tel: 01582 408676 Fax:  
01582 408685**