

# Canadian School of Colon Hydrotherapy

## A Career in Colon Therapy

### Application Form

Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Date of Birth: (m/d/yr. \_\_\_\_\_  
Cell Phone: (     ) \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

- Fill out, sign, date and submit this form to CSCH via email or fax.
- Please include a current CV/Resume. Include any names, locations, of schools, colleges, universities you attended and received qualifications.

#### Please answer the following questions:

1. Do you have First Aid or CPR training: YES \_\_\_\_ NO \_\_\_\_  
If yes, please indicate the name of the school \_\_\_\_\_  
If yes, please indicate date course completed: \_\_\_\_\_
2. Have you ever received a colon hydrotherapy treatment for yourself? YES \_\_ NO \_\_  
If yes, what was the date of your last treatment? \_\_\_\_\_  
If yes, where was this treatment administered? \_\_\_\_\_
3. Do you have any training on any other alternative health modalities? YES \_\_ NO \_\_  
If yes, please list the modality \_\_\_\_\_  
If yes, please list name of school \_\_\_\_\_  
If yes, please list date course completed \_\_\_\_\_  
Did you receive a diploma or certification? \_\_\_\_\_

A paragraph stating why you are interested in taking this course: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Confidentiality and Disclosure:** Absolutely no part of the content in the copyrighted publications, course material or teachers' notes, may be photocopied or adapted for teaching purposes or shared with anyone not taking the CSCT program. Breach of these restrictions will result in legal action.

I understand and accept the above prerequisites and terms and understand that my registration in this course is pending approval from administration. I confirm that all of the information I provide to Canadian School of Colon Therapy is accurate and correct. I certify that I have read, understand and accept the items and terms outlined on this application form.

Applicant's Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Please Email or Mail to:

CANADIAN SCHOOL OF COLON HYDROTHERAPY  
2351 Kennedy Road Unit 126, Scarborough, Ontario, Canada, M1T 3G9  
info@coloniccoursecanada.com  
Phone: 416-291-4437