



*the Shiatsu*  
**School Edinburgh**

**Shiatsu from a student application form**

- I would like a one-off session
- I would like a series of sessions

Name .....

Address .....

.....

E-mail .....

Telephone .....

Have you had Shiatsu before?.....

If yes, from whom? .....

Are you happy to work with a man / woman / either?  
(delete as appropriate)

The venue for the sessions will be agreed between myself and the student.  
I may be asked for a donation towards the costs (£11 year 2; £16 year 3).  
I understand that the Shiatsu session will be carried out by a student who is under supervision, and therefore that information pertaining to the sessions will be used for teaching purposes.

The students of The Shiatsu School Edinburgh abide by the Code of Ethics of the Shiatsu Society (UK), a copy of which can be made available for my interest.

I fully understand that I will be receiving Shiatsu from a student of The Shiatsu School Edinburgh. I take full responsibility for my own health, and will inform the School of any health issues.

Signature .....

Date .....

Please return to  
The Shiatsu School Edinburgh  
PO Box 23613  
Edinburgh  
EH6 8ZB

07821 264882

[admin@tssed.org](mailto:admin@tssed.org)

[www.tssed.org](http://www.tssed.org)