



Brighid's Academy of Healing Arts



Application for enrollment

Complete and send to:
Little Well, Ballinea, Co. Westmeath, Ireland
Phone: 353 (0)44 85872
Email: brighid9@iolfree.ie

Name: _____ Address: _____

Email: _____

(Optional) Birth date (dd/mm/yy): / / Birth Time: _____

Birthplace: _____

General Details:

Brief Health History: _____

Brief Education History: _____

Previous Health, Herbalism, Medical, Healing and Spirituality Employment or Study:

Beliefs and Intentions:

Please explain in relevant detail why you want to study at Brighid's Academy

As a student what do you feel you can contribute to this course?

Upon completion, how do you plan to use this training?

How do you view your relationship to Nature?
