



SICO

Swiss International College of Osteopathy

Application Form

Last Name

First Name

Occupation

Diploma

Address

Postal Code

City, Country.....

Telephone

E-mail

Previous Medical Education.....

Knowledge in Natural Practice.....

Knowledge in any kind of Manual Medicine.....

Motivation for the Study of Osteopathy.....

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.....

Special Needs. (The course is very practical and physically demanding).

Please give details of special needs or support required as a consequence of any disability or medical condition which you consider the school must be aware of.

.....

Declaration.

I certify that the information that I have given is, to the best of my knowledge, complete and accurate.

Place..... Date.....

Signature.....

All Data submitted is kept confidential

Please return, with copies of Diplomas and one passport photo, to **Swiss International College of Osteopathy**
Bildungshaus Stella Matutina
Zinnenstrasse 7
CH – 6353 Hertenstein





SICO

Swiss International College of Osteopathy

Tuition Payment

First year of Osteopathy

With my inscription, I agree that I will pay:

- Registration SFr. 100.00 (non refundable)
- When accepted SFr. 500.00 (non refundable)
- Each course SFr. 950.00
(due 1 month prior to the course:
October, December, January, April, June and July)

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Place..... **Date**.....

Signature.....

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