

BG-EHS Associate-Practitioner Training Application 2024

1	Date of Application DD/MM/YY	
3	Last Name	
4	First Name	
5	Date of Birth DD/MM/YY	
6	Contact Email(s)	
7	Contact Tel. No(s).	
8	Mailing Address	
9	City	
10	Province / State	
11	Country	
12	Postal Code	
13	Occupation	
14	Website / Social Media Business Accts. (if applicable)	
15	Foundation Training Completion Date	
16	Instructor	
17	Advanced Training Completion Date	
18	Instructor	
19	BG-EHS Applied Skills Workshop Completion Date	
20	I have read and clearly understand the BG-EHS Program Prospectus 2024. I hereby confirm that my intention to join the BG-EHS Program is based on agreement with the fundamental principles of the BG-EHS Program, as stated in the BG-EHS Program Prospectus 2024 (e-signature: type name).	
21	I hereby confirm that I am in good standing with regards to the BioGeometry / BG-EHS Student Agreement (e-signature: type name).	
22	Do you intend to offer any other services or products to clients alongside BG-EHS, and if so, are there any considerations with regards to avoiding any potential interference?	
23	Briefly describe how you are planning to promote your BG-EHS Associate-Practitioner service?	