



TOCARA SKIN & BODY SCIENCE  
100% natural & organic health, skincare & lifestyle products

### Application form

Please be so kind as to fill in and email back to us on: [info@tocara4.co.za](mailto:info@tocara4.co.za)

Name: \_\_\_\_\_

Date of Birth: d\_\_\_\_\_/m\_\_\_\_\_/y\_\_\_\_\_

Surname: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Numbers (all please)

\_\_\_\_\_

Fax number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address for delivery purposes: \_\_\_\_\_

\_\_\_\_\_

Where did you hear about Dr.Hauschka? \_\_\_\_\_

Do you already use/stock naturally/organically produced products?

Yes      No

If so, please list which ones: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you:**

- A salon owner
- A partner
- An employee

**Do you work:**

- Alone
- With employees
- With other like-minded therapists





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Please write a paragraph telling us about yourself and your work (including any information about your business that you feel is relevant to us and this training, treatments given, number of employees, how long the business has been going and opening hours).

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Your signature

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- I the undersigned would like to attend the Dr. Hauschka training course.
- I have completed all my details.
- I have enclosed copies of my certificates.

Surname: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

