



## Application Form for Introductory Meeting 1

**NAME:** .....

**ADDRESS:** .....

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**TEL.NO.:** ..... **DATE OF BIRTH:** .....

**PRESENT OCCUPATION:** .....

**ACADEMIC QUALIFICATIONS:** .....

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Please enclose current C.V. and send to Brain and Behaviour Institute, Suite 21, Galway Clinic, Doughiska Galway. A non – refundable charge of €30 is necessary to cover overheads for each meeting. Please make cheque payable to Brain and Behaviour Institute and enclose with C.V.

**REASON FOR YOUR INTEREST IN BECOMING A NEURO –  
DEVELOPMENTAL SPECIALIST** (enclose separate page if required) .....

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**SIGNED:** ..... **DATE:** .....