



# Caley's

## APOTHECARY



- Part of The Medical Herbalist London -

### PRACTITIONER STUDENT DISCOUNT APPLICATION FORM

The Practitioners/Student Discount Card is to enable practitioners and students of natural medicine to purchase some of the remedies that they use in their practice at a discount.

To join the scheme you will need to send us the completed application form together with a copy of your qualification and insurance certificates or letter from your college, stating the date the course ends. We will then issue you with a Practitioners/Student Discount Card. If you present this card with your order at Caley's Apothecary, Clapham, London you will be entitled to a 20% discount on the purchase of selected products. Discounts are also available from our Mail Order service at [www.CaleysApothecary.co.uk](http://www.CaleysApothecary.co.uk) if you quote your Practitioner/Student Discount Card code with your order. The scheme is only open to UK residents.

The discount is available on all of our own brand range, including organic dried herbs & tea blends, base oils, macerated oils, essential oils, flower waters, own gift sets & more (please enquire). You may receive 10% off all products by other brands that we stock. If you require further information contact 01953 602237 or 07508 793 166. You may also email [info@caleysapothecary.co.uk](mailto:info@caleysapothecary.co.uk) . Please complete the form below and return to:

**Caley's Apothecary, Practitioners/Student Discount Card, 4 Acorn Court, Wymondham, Norfolk, NR18 9AL** (Form and required information may also be brought into Caley's Apothecary, or emailed in, to [info@caleysapothecary.co.uk](mailto:info@caleysapothecary.co.uk))

### I wish to apply for a Caley's Apothecary Practitioner/Student Discount Card.

I enclose copies of my (please tick):

(Qualified practitioners only) - Copy of qualifications and Insurance Certificate

OR (Students only) - Letter from College (inc. end date)

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

Ms/Mrs/Mr/Other (Please state): \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Post Code. \_\_\_\_\_

Telephone. \_\_\_\_\_

Email \_\_\_\_\_

Preferred Method of Contact? \_\_\_\_\_ Please see our privacy policy online)

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

Clinic/Place of Course Address: \_\_\_\_\_

T: 020 3730 4578 M: 075 0879 3166  
[sales@caleysapothecary.co.uk](mailto:sales@caleysapothecary.co.uk)

Visit us online at [www.caleysapothecary.co.uk](http://www.caleysapothecary.co.uk)

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Therapy/Therapies practiced: \_\_\_\_\_

How many years have you been practising/studying? \_\_\_\_\_

Which products from other companies do you use in your practice? \_\_\_\_\_

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Are there any products that you would like to see included in our range?

How did you hear about Caley's Apothecary? \_\_\_\_\_

How did you hear about the Practitioner/Student Discount Card? \_\_\_\_\_

Please indicate which mailings you would like to receive:

All

Catalogue

None

<p><b>Applicant:</b></p> <p><b>Signed:</b> _____</p> <p><b>Date:</b> _____</p> <p><b>Previous card number:</b> _____</p>
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<p><b>OFFICE USE ONLY:</b></p> <p>Prac/Student Discount Card Code: _____</p> <p>Expiry Date: _____</p> <p>Comments: _____</p>
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 sales@caleysapothecary.co.uk

Visit us online at [www.caleysapothecary.co.uk](http://www.caleysapothecary.co.uk)

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