



INTERNATIONAL HOLISTIC TOUCH INITIATIVE

(Managed by Fourthway ManHo Center, Reg. No.: JM 0349891-H)
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Email: admin@tanmanho.com Website: <https://www.tanmanho.com/ihti/index.htm>.



Practicum-Apprenticeship Component (PAC) (Holistic Health Practice Program)

Practicum Form

Name of Participant: _____

Sex: _____ Date of Birth/Age: _____

Identity Card /Passport No. _____

Nationality: _____

Address: _____

Tel/Fax _____ HP _____

E-mail _____

Highest education level: _____

Main work experience, Occupation and/or number of years:

Fields & skills for the practicum:

1. _____
2. _____
3. _____
4. _____

Memorandum of Understanding

- 1. I wish to participate in the practicum/apprenticeship (PAC) workshop of IHTI
- 2. I understand that this practicum/apprenticeship component (PAC) is required as a fulfillment for my training to become an *IHTI Certified Professional Holistic Health Practitioner*
- 3. I understand that I might be given an allowance (optional) for which the amount will be determined by my sponsor
- 4. I understand that I can be given any field & skill of holistic related training and in any organization for the practicum including administration & management of holistic activities

5. RELEASE OF LIABILITY

I hereby release and hold harmless International Holistic Touch Initiative (IHTI) of Fourthway ManHo Center and its staff and any sponsoring organization of the PAC from any liability on property due to accident or damage to person caused solely by me or any illegal personal conduct by myself during my practicum/apprenticeship workshop.

I confirm that I did not conceal or hide any medical information about my health that will cause liability to IHTI or Fourthway ManHo Center.

Signature:

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Approved by (Signature):

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Participant Name:

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Name:

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Date of Application:

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Designation:

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Date of Approval:

Date:

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PAC Session Period (*Will be Confirmed separately*)

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Note:

If in doubt, please contact Professor Dr. Tan Man Ho for confirmation and verification

Mobile: 6012-245 5127