

Please provide the names and contact details of 2 people (not related to you), who would provide a reference for you:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

DECLARATION

I declare that the information given by me in this application is true and accurate and that if I am admitted as a student I will abide by the regulations of the Churchtown Counselling & Psychotherapy Clinic - Training. Churchtown Counselling & Psychotherapy Clinic reserves the right not to consider applications and to cancel any offers of places where requested information has not been supplied or where falsified or misleading information has been supplied.

Signature: _____ Date: _____

SUBMISSION OF APPLICATIONS

All applications must be accompanied by a deposit of €250 (including administration fee of €50 and €200 deposit towards your fees). Once a place on the course is offered, the €200 deposit is non-refundable except in certain indicated circumstance.

Please complete your application form and bring it with you to your interview. To arrange an interview call Maria on (086) 100 0049.

Churchtown Counselling & Psychotherapy Clinic

Tel:(086) 100 0049 Email:info@churchtowncounselling.com

www.churchtowncounselling.com