

Counselling Courses

ENROLMENT FORM 2011/2012



PLEASE COMPLETE IN BLOCK CAPITALS

First Name	Title Mr/Mrs/Miss/Ms
Surname	Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth:
Address including postcode: Email:	Telephone numbers: Daytime: Evening: Mobile:
Country of Residence for the last 3 years:	Nationality:

Please select the required course (✓)

Course Code	Course Title	Course Start Date	Cost
<input type="checkbox"/> CSK1	Intermediate Counselling Skills: Level 2	12 September 2011	£375
<input type="checkbox"/> CSK2	Intermediate Counselling Skills: Level 2	13 September 2011	£375
<input type="checkbox"/> ADC1	Diploma in Therapeutic Counselling: Level 4	09 January 2012	£1520

Is disabled access required?	Yes or No
Do you have a medical condition, physical disability or specific learning difficulty we should be aware of?	
Please give details if you would like assistance or guidance. All information will be treated as confidential	

<p>Please indicate your method of payment*</p> <p><i>*Full payment is required at time of booking. Failure to pay course fees before the start date may result in you missing a place on the course. Please read the terms and conditions set out in the Counselling Courses booklet.</i></p> <p><i>**The last 3 numbers next to your signature</i></p>	<p><input type="checkbox"/> Invoice Employer (please complete details over the page)</p> <p><input type="checkbox"/> Cheque (payable to Esher College)</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Visa \ MasterCard \ Switch (delete as appropriate)</p> <p>Number:</p> <p>Valid From Date: Expiry Date:</p> <p>Issue No. (Switch): Security code:**</p> <p>Amount:</p> <p>Signature of Cardholder:</p>
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Please complete over page...

EMPLOYMENT DETAILS

Work address: _____

_____ Postcode: _____

Tel: _____

Occupation: _____

Main responsibilities:

FUNDING AUTHORITY/EMPLOYER (if applicable)

Organisation: _____

Registered charity number (if applicable): _____

Department: _____ Ref: No: _____

Address: _____

_____ Postcode: _____

Tel: _____

Please would you send an invoice for the amount shown to my funding Authority/employer
£ _____

TRAINING

Professional qualifications: _____

Previous counselling courses attended: . _____

PROPOSED PROGRESSION ROUTE

Professional qualifications: _____

Career Development Plan:

Applicants for the Counselling Diploma: Please ensure that you have provided evidence of your level 2 qualification. If you require accreditation of prior learning (APL) please provide evidence of vocational expertise. You can add a statement to your application if you wish.

DECLARATION

I confirm that I have read and agree to abide by the Terms and Conditions.

Signature: _____ **Date:** _____

Please return this form to:

**Adult Courses: Counselling, Esher College, Weston Green Road, Thames Ditton,
Surrey, KT7 0JB**

For further information please telephone 020 8335 2544