|  |
| --- |
| CPCAB |

# Application Form

# Level 2 Award in Introduction to Counselling Skills – January 2024

Name (Please use block capitals and print your name as you wish it to appear on your Certificate):

|  |
| --- |
|  |

Address & Postcode:

|  |
| --- |
|  |

|  |
| --- |
| DOB: (must be 18+) Age: Gender: Male/Female/Non-binary/Other/Prefer not to say |

|  |
| --- |
| Mobile No: Home No: Email address:**In case of emergency, please contact:**Name: Relationship to Student:Contact No:  |
| Reasons for applying: **continued overleaf** |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you able to access Zoom? | YES/NO | Do you have any additional learning needs you would like us to be aware of? |  |
| **Examining Board diversity requirements:** |
| Cultural origin/ethnicity: |  | Difficulties/disabilities: |  |
| How did you hear about this training course? |  |

This course will be delivered via Zoom. If you are accepted onto this course, please indicate your agreement to the above and the fees as follows:

I agree to the terms stated

Course fees £420

Examining Board Registration fee £59

Total cost £479

I agree to pay £75 deposit, refundable in the event of the course not taking place, and the balance due during the first week of the course.

Name: Signature:

I enclose the FEE of £ (Please make cheques payable to Compass)

I have paid via BACS transfer the FEE of £

Sort code: 08-92-99

Account No: 67242238

Please arrange to call me to take my debit/credit card details

Please return application form to:

Compass Counselling Services

151 Dale Street

Liverpool

L2 2AH

Fax: 0151 237 3994

Email: enquiries@compass-counselling.org.uk