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| 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):

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Address & Postcode:

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

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

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| 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