

***INSPIRE COUNSELLING & TRAINING
PASTORAL CARE COURSE 2011***

APPLICATION FORM

FULL NAME
(First name) (Middle name) (Surname)

TITLE **SEX** **DATE OF BIRTH**

ADDRESS
.....
.....

POST CODE **TELEPHONE**

E-MAIL

OCCUPATION

PREVIOUS COUNSELLING / LISTENING TRAINING AND EXPERIENCE (if any)
.....
.....
.....

HOW DO YOU INTEND TO USE THIS TRAINING?
.....
.....
.....

CHURCH/FELLOWSHIP:.....

MINISTER/LEADER

ADDRESS
.....

POST CODE **TELEPHONE**

I enclose:

- **A signed recommendation from my Minister/Church Leader to support this application**
- **A deposit of £30, made payable to *Inspire Counselling & Training***

Please note that cancellations received less than 14 days from commencement of the course will not be refunded.

Please return this form to:

**Jane Scarlett
Administrator
Inspire Counselling & Training
The Fletcher Centre
2 Crescent Road
Ipswich
IP1 2EX**

DECLARATION BY THE APPLICANT

I declare that the information contained in this application is accurate.

SIGNED

DATE

.....

FOR OFFICE USE ONLY:

Date Application received:

Course Fee:

Deposit Received:

Fee Outstanding: