

The Norwich Centre

Introduction to Counselling Skills

First Name

Last Name

Preferred title

Address 1

Address 2

Address 3

Post Code

Landline number

Mobile number

Email Address

Please indicate your highest educational qualification

Do you have any disabilities/special needs or any other concerns relevant to your application for this course which we will need to bear in mind in order to enable you to get the most from studying with us?

(This information does not affect any decision about your application but enables us to put in place any individual arrangements or facilities for the start of the course. For information about accessibility at the Norwich Centre please visit our website or contact us.)

Supporting Information

This information must be completed in support of your application. The course tutors may contact you to discuss your application

Other relevant training courses or workshops completed:

Details of your occupation or voluntary work

Supporting statement (100 words approx)

Please tell us why you are interested in this course and what you hope to learn.

I confirm that the information given in respect of this application is correct and complete and that I have completed this form myself. I understand that the Norwich Centre will keep my personal details confidential and these will only be used to assess my suitability for this course and to contact me in respect of the course.

Signed:

Date:

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