

4. EMPLOYMENT AND EXPERIENCE

(List current occupation and two previous employment/voluntary experiences)

Dates	Name of employer	Position	Paid/Voluntary

I confirm that I have a minimum of 2 years' post-qualifying experience (please tick)

5. PERSONAL STATEMENT

(Please continue on a separate sheet if necessary.)

Why do you wish to undertake this training course at this point in your life? What use do you intend to make of the training?

6. PEOPLE WITH DISABILITIES

Do you consider yourself to have a disability? Yes / No

If yes please specify the nature of your disability and advise if you have any specific requirements in order to undertake this training.

7. REFERENCES

Please supply two references. The first reference should be from your current/most recent employer or academic institution. The second reference could be from another source. References from family members and friends will not be accepted.

First Referee

Title: Dr/Mr/Mrs/Miss/Ms/Other:

Full name:

Post held/occupation:

Relationship to applicant:

Address:

Postcode:

Telephone:

Email:

Second Referee

Title: Dr/Mr/Mrs/Miss/Ms/Other:

Full name:

Post held/occupation:

Relationship to applicant:

Address:

Postcode:

Telephone:

Email:

Both references must be provided on separate sheets of paper, be signed at the bottom by the referee and included with this application form. References should clearly show the full legal name and date of birth of the applicant.

8. DECLARATION

Declaration: I confirm that the information given in this form is true, complete and accurate. No information requested or other material information has been omitted. Under the terms of the Data Protection Act 1988 the personal information supplied by you will be treated in confidence but used internally for registering and statistical purposes.

Applicants signature:

Date:

CHECKLIST

1. Complete the application form in full and sign and date the declaration above.
2. Ensure references have been completed in accordance with the instructions in section 7 and attached to this form.
3. Enclose your cheque payable to 'Therapy Challenges'
4. Or if paying by direct transfer, please use: **Sort Code: 40 41 26 : Account: 91439987**
Please email ruth@therapychallenges.com to confirm payment if by direct transfer

Please return this completed application form to: **Ruth Lyne, 3 Middlefield Lane, Newbold on Stour, Stratford upon Avon, CV37 8TX**

1. Full Course fee £1,275

Deposit of £127.50 with application. The balance payment of £1,147.50 by 18th August, 2017

2. Early Bird discounted fee

£1,200 if paid in full by 4th August, 2017

3. Instalment plan (direct transfer only)

£500 by 28th July, 2017

£500 by 18th August, 2017

£275 by 1st September, 2017

(We do not charge an admin fee for this plan, but please note, payment can only be accepted by direct transfer, not cheques)