

**IMAGE'S CHRISTIAN PREGNANCY COUNSELLING SKILLS COURSE**

**APPLICATION FORM FOR THE YEAR 2012 : LONDON**

**SECTION 1**

Forename \_\_\_\_\_ Surname \_\_\_\_\_ Gender M / F

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

*If you are a new applicant, please fill in the next two sections. If you are completing the course, please complete section 1 only, and sign and date the end of the form. (If you are completing the course you are not required to send any payment with this form).*

**SECTION 2**

Qualifications

Relevant Training

Relevant Experience

**SECTION 3**

Why do you want to come on this course?

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If you are coming as part of a centre / church, please name :

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Tick the level you feel may be appropriate for you (you will receive more help with this on the course) :

Level 1

Level 2

Level 3

Name and signature of person who is recommending you for the course (eg church leader, centre leader, employer) :

Name \_\_\_\_\_ Signature \_\_\_\_\_

If you have any special needs, or if you may need additional learning support, please tell us here :

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I enclose a cheque for \_\_\_\_\_ payable to IMAGE TRAINING LONDON

Signed \_\_\_\_\_ Dated \_\_\_\_\_

***Please return booking form with £60 non-returnable deposit  
by 17<sup>th</sup> December 2011, to: Marcia Jones, Image Training London, c/o Raleigh  
Park Baptist Church, Arodene Road, Brixton Hill, London SW2 2BH  
Mob 07753 784 573***