

IMAGE'S CHRISTIAN PREGNANCY COUNSELLING SKILLS COURSE

APPLICATION FORM FOR THE YEAR 2012 : MANCHESTER

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?

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

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 :

I enclose a cheque for _____ payable to IMAGE

Signed _____ Dated _____

***Please return booking form with £60 non-returnable deposit
by Friday 13th January 2012, to: IMAGE, 1st Floor, 110 Oldham Road, Ancoats,
Manchester, M4 6AG***