

Office Ref: L

# IMAGE'S CHRISTIAN PREGNANCY COUNSELLING SKILLS COURSE

## APPLICATION FORM FOR THE YEAR 2010

### SECTION 1

Forename \_\_\_\_\_ Surname \_\_\_\_\_ Gender <sup>M</sup>  / <sup>F</sup>

Address: \_\_\_\_\_

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

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

E-mail \_\_\_\_\_ 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 church leader recommending you for the course

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 £55 non-returnable deposit by Friday 18 December 2009 to*

*Marcia Jones, Image Training London,  
c/o 31 Warnham House, Upper Tulse Hill, London SW2 2SA Mob 07753 784 573*