

Office Ref: M

IMAGE'S CHRISTIAN PREGNANCY COUNSELLING SKILLS COURSE

APPLICATION FORM FOR THE YEAR 2010

SECTION 1

Forename _____ Surname _____ Gender M F

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?

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 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

I enclose a cheque for _____ payable to IMAGE.

Signed _____ Dated _____

Please return booking form with £55 non-returnable deposit before January 2nd to

IMAGE, Coverdale Centre, Ardwick, Manchester M12 4FG