**The Academy: S.P.A.C.E.**

Please return to The Academy: SPACE,

The Coach House 1A Filey Street Sheffield S10 2FF OR email: enquiries@counsellingacademy.org

 *Sheffield Psychotherapy and Counselling Education*

**Application Form for Taster Course**

|  |  |
| --- | --- |
| Your Name |  |
| Address |  |
| Telephone (landline) |  |
| Telephone (mobile) |  |
| Email address |  |
| Please advise of any special needs we should be aware of to support your learning |  |
| I understand that if I wish to transfer to the full Foundation course I will need to undergo a full selection interview. |  |
| I am entitled to live and study in this country (have UK/EU passport or valid Visa) |  |
| I am paying the deposit of £70 by direct bank transfer and I will pay the balance by direct bank transfer:To Sort Code 40-41-57 Account No. 30481548. Please use the following reference so we can identify your payment: Module code (ICS) and your surname and initials, e.g. ICSEvansG  |
| Your Signature …………………………………............ Date …………………………………..**NB You must also complete and submit a Personal Statement and Fitness to Practice Declaration** |

**Please indicate whether you would like a daytime or evening course:**