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

Please return your completed application by email to : counsellingacademy@gmail.com

 *Sheffield Psychotherapy and Counselling Education Ltd*

**Application Form for Taster Course**

|  |  |
| --- | --- |
| Your Name |  |
| Address |  |
| Telephone  |  |
| 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 will pay the full amount by direct bank transfer on acceptance of my place.To Sort Code 54-41-34 Account No. 56228872. Please use the reference on the invoice so we can identify your payment. |
| 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 Monday or Friday morning course:**