



St. Joseph's Hospice
Mare Street
London E8 4SA
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www.chirontraining.org

APPLICATION FORM

INTRODUCTION TO COUNSELLING FAMILIES, COUPLES & INDIVIDUALS (Module 2)

First Name: _____ Surname: _____

Date of Birth: _____

Contact Address: _____

_____ Postcode: _____

Email: _____ Telephone Number: _____

Please answer the questions below noting that all answers will be kept strictly confidential.

1. Why do you want to do the course now, at this time in your life?

2. What events or circumstances in your life do you feel draw you to the practice of counsellor training?

3. What opportunities do you currently have to practise counselling skills either as part of your paid employment or as a voluntary worker? (If none, indicate what opportunities you might be able to develop in this area).

4. Do you have any special needs/disabilities, including any special need for learning support, which we should be aware of? If so, please state briefly.

5. Do you have any physical or mental health conditions which may affect your ability to participate or complete the course? If so please state briefly.

6. Is there anything else you would like to let us know about yourself, your circumstances or your application?

7. Have you received treatment in the last 3 years for any form of addiction? If so, please state briefly.

8. How did you find out about our training courses?

Course Fees

A fee of £250 is payable at the time of application.

Payment

Payment is preferred by electronic bank transfer:

Account number: 26402968	Sort code: 30-92-90
Account name: Chiron Training Ltd	

Please reference all bank transfers with your surname.

If your fees are being paid by your employer please complete the information below:-

Company Name: _____

Company Address _____

Contact Name: _____ Telephone Number: _____

For any queries regarding payment of the course fees please e-mail: admin@chirontraining.org