

Application Form

First name

Surname:

Name you wish to be called (if different):

Address:

Postcode:

Telephone (home):

Telephone (work):

Mobile:

Email:

Sex:

Date of birth:

Current occupation:

What do you hope to get from the course?

What do you feel your strengths are with regard to the course?

What are the areas you think you most need to develop?

What relevant previous experiences/qualifications do you have?

Do you have any history of mental illness?

Contract for Course Applicants

Once fees are paid they cannot be refunded in the event of a cancellation on your part; this is because we run small group trainings with limited spaces; if you take up a space and cancel, no one else will be able to fill it once the course commences. We also reserve the right to change the venue to another one within London at any stage.

We reserve the right to terminate your training at any point if it is felt it is not appropriate for you to continue (this is extremely unlikely, but is a necessary and standard condition when training candidates to become members of a healthcare profession. An example of such an incident would be violation of another students confidentiality). Your fees will not be refunded in this case.

As part of our ongoing support and assessment of a candidate during the course, we may recommend that individuals seek therapy outside of the course to assist in their development.

If you agree to the above conditions please fill in and sign the following

I _____ understand that once I pay my fees to the clinic and supervisors they cannot be refunded, and agree to the above conditions.

Date:

Signature:

Therapeutic Coaching c/o The Optimum Health Clinic

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