



Application Form

Name:

Address:

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Postcode: Email address:

Date of birth:

Preferred contact number(s):

Emergency contact name and number:

Previous qualifications:

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The course(s)/workshop(s) and dates you are applying for:

Course/workshop: Date(s).....

Course/workshop: Date(s).....

Course/workshop: Date(s).....

Course/workshop: Date(s).....

Course/workshop: Date(s).....

Please give a brief summary of why you are applying to study this (these) particular course(s) or workshop(s):

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Preferred payment method:

Deposit: Amount: £..... Cheque Please make cheques payable to Dove School of Therapeutic Training

Credit/debit card Number: Expiry Date:/...../.....

Name on card: Security number (last 3 digits on back of card):

Balance: Amount: £..... In full Please pay on first day of course/workshop

Instalments This facility is available for courses with fees over £200 or a total over £200 if applying for more than one course or workshop. Please complete the enclosed direct debit mandate and return with your application form.

Signed: Date:/...../.....

For School Use:

Application form reviewed by: Date:/...../.....

Telephone interview: Yes No

Decision/comments:
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