



INTERNATIONAL COLLEGE FOR  
PERSONAL & PROFESSIONAL DEVELOPMENT

## PROFESSIONAL DIPLOMA in Expressive Arts Therapy

*10-day (60 hour), part-time, professional programme*

### APPLICATION FORM

#### PERSONAL DETAILS

Name (for Registration):  
*in block capitals*

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ PPS No. \_\_\_\_\_

Tel - Home: \_\_\_\_\_ Tel - Work: \_\_\_\_\_ Tel -  
Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Current Employment: \_\_\_\_\_

Academic/Professional Qualification: \_\_\_\_\_  
Professional Membership  
(Body/Number), if relevant. \_\_\_\_\_

Where did you hear about this course? \_\_\_\_\_

*For specific commencement dates and delivery times refer to [www.icppd.com](http://www.icppd.com)*

**Please attach a letter of introduction** of no less than 250 words, clearly stating your desire to participate in this programme.

*I certify that the information provided on this application (and in my letter) is accurate. I understand that withholding information or giving false information may result in a refusal of a place within ICPPD or in termination of my application/registration at ICPPD.*

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** Applications must be accompanied by a deposit of €350, which is credited against course fees (of €1,350) if the applicant is admitted onto the programme.

Applicants are entitled to a full refund of this deposit if they decide to cancel within 7 days of receipt of their application. Should an application be unsuccessful, or cancelled by the applicant following this 7-day period, an administration fee of €100 is retained, and the balance of €250 is refunded to the applicant.

#### OFFICE USE ONLY

Dep Rec'd: \_\_\_\_\_ ID No Assigned: \_\_\_\_\_