

Professional Certificate in Psychosynthesis (30 CPD Hours)
5-day, 30 hours' Certificate 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 and Professional
Qualifications: _____

Where did you hear about this course? _____

Preferred Location:

Athlone

*For specific commencement dates and
delivery times refer to www.icppd.com*

I certify that the information provided on this application 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 non-refundable deposit of €75, which is credited against course fees (of €575) if the applicant is admitted onto the programme.

OFFICE USE ONLY

Dep Rec'd: _____ ID No Assigned: _____