



INTERNATIONAL COLLEGE FOR
PERSONAL & PROFESSIONAL DEVELOPMENT

ICPPD

PROFESSIONAL CERTIFICATE in Gender and Sexual Diversity

5-day (30 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
(please attach a copy of certification): _____

Professional Membership
(Body/Number) if relevant: _____

Please attach a letter of introduction of no less than 250 words, clearly stating your desire to participate in this programme, and what you hope to achieve through its completion.

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

Where did you hear about this course? _____

***NOTE:** ICPPD will use the information provided on this application form for the sole purpose of programme-related admission administration and communication. Information provided will be held securely in accordance with ICPPD's data protection policy.

*I certify that the information provided on this application (and in my letter of introduction) 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 €75, which is credited against course fees (of €650) 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, the deposit of €75 is retained.
- Once an applicant accepts a place on the programme, any fees paid become subject to the ICPPD's Financial Terms & Conditions, which outlines the College's policies in relation to refunds, payment plan, etc. [ref www.icppd.com for more information]

OFFICE USE ONLY

Dep Rec'd: _____ ID No Assigned: _____