



INTERNATIONAL COLLEGE FOR
PERSONAL & PROFESSIONAL DEVELOPMENT

ICPPD

CERTIFICATE in Personal Development

10-week, 30 hours' course

APPLICATION FORM

PERSONAL DETAILS*

Name (for Registration):
in block capitals _____

Address _____

Date of

Birth: _____ Nationality: _____ PPS No. _____

Tel - Home: _____ Tel - Work: _____ Mobile: _____

Email: _____

Current Employment: _____

***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.

Where did you hear about this
course? _____

Preferred Location: Athlone Galway

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

Please explain why you wish to undertake this course now:

To be considered for a place on this course, please complete and return this application form to the College.

A brief Interview may form part of the admission process (and may be conducted over the telephone).

PLEASE NOTE: Applications must be accompanied by a deposit of €50, which is credited against course fees (of €450) 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, this deposit 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]

Applicant Signature _____ Date _____

Office Use Only	
ID No: _____	Dep. Rec'd _____