



INTERNATIONAL COLLEGE FOR
PERSONAL & PROFESSIONAL DEVELOPMENT

ICPPD

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
(please attach a copy of certification): _____

Where did you hear about this course? _____

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

***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 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 €50, 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, 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]

OFFICE USE ONLY

Dep Rec'd: _____ ID No Assigned: _____