

Introduction to Holistic Counselling and Psychotherapy  
*60-hour programme*

**APPLICATION FORM**  
**(ACADEMIC YEAR 2022-2023)**

**PERSONAL DETAILS\***

Name (for Registration):  
*in block capitals*

\_\_\_\_\_

Address

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Tel - Home: \_\_\_\_\_ Tel - 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?**

Internet Search

Newspaper

Recommendation

IACP

ICPPD Learner/Graduate

Facebook

Other (please give details)

\_\_\_\_\_

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, and email a JPEG passport photo to [info@icppd.com](mailto:info@icppd.com). A brief Interview (which may be conducted over the telephone) may form part of the admission process.

**PLEASE NOTE: Course Fees are €975. This application must be accompanied by a deposit of €100, which is credited against course fees 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. [ [Click Here](#) for more information]
- 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 \_\_\_\_\_

ID No:

Office Use Only

Dep. Rec'd