**Application Form**

**(Academic Year 2023-2024)**

**PERSONAL DETAILS\***

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| Name (for Registration):  *in block capitals* | | | |  | | | | | | | | | | | | | |
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| Address |  | | | | | | | | | | | | | | | | |
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| Date of Birth: |  | | | | Nationality: | | |  | | | |  | | |  | | |
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| Tel - Home: |  | | | | Tel - Work: | | |  | | | | Tel - Mobile: | | |  | | |
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| Email: |  | | | | | | | | | | | | | | | | |
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| Current Employment: | | | | | |  | | | | | | | | | | | |
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| Academic/Professional Qualification:  *(please attach documentary proof)* | | | | | |  | | | | | | | | | | | |
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| Minimum Entry Requirement met?  *(please indicate ONE, as relevant)* | | | | | |  | Min 4 years’ accredited (if a counsellor/ psychotherapist) | | | | | |  | Min 3 years’ post-qualification experience as a professional | | | |
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| Professional Membership Details (Body/Number), if relevant. | | | | | |  | | | | | | | | | | | |
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| **Where did you hear about this course?** | | Internet Search | | | | | | |  |  | Newspaper | | | | |  |
| Recommendation | | | | | | |  |  | IACP | | | | |  |
| ICPPD Learner/Graduate | | | | | | |  |  | Facebook | | | | |  |
| Other (please give details) | | | | | | |  | | | | | | | |
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| **\*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. | | | | | | | | | | | | | | | | | |
| **Please attach:**  **(i) Statement of Interest** of no less than 300 words, clearly stating your desire to engage in this Supervision Training (i.e. why you wish to participate in this programme)  **(ii) a Letter of Recommendation from your current Supervisor.** | | | | | | | | | | | | | | | | | |
| *I certify that the information provided on this application (and in my letter) 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 | | |  | | |

**Additional Information from ICPPD**

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| **Course Fees** are €2,750.00 |

* Applications must be accompanied by a deposit of €270, which is credited against course fees if the applicant is admitted onto the programme.
* Applicants 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.
* In applying and accepting a place on this programme, I agree to personal and professional requirements and ICPPD policies as laid out in the [Quality Assurance Manual](https://icppd.com/quality-assurance-at-icppd/).
* Once an applicant accepts a place on an ICPPD programme, any fees paid become subject to ICPPD’s Financial Terms & Conditions, which are outlined in the [ICPPD’s Quality Assurance policies](https://icppd.com/quality-assurance-at-icppd/) in relation to refunds, payment plan, etc.

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| **Office Use Only** | | | |
| **Staff Signature/Initials:** |  | **Learner ID No allocated:** |  |
| **Application Form Received (Date):** |  | **Supporting Documentation Received:** |  |
| **Deposit Received:** |  | | |