

INTERNATIONAL COLLEGE FOR PERSONAL & PROFESSIONAL DEVELOPMENT (ICPPD)

Diploma in Expressive Arts for Professionals 10-day (60 CPD hours), part-time, holistic programme

APPLICATION FORM (ACADEMIC YEAR 2023-2024)

PERSONAL DETAILS	*			
Name (for Registratio in block capitals	n): 			
Address				
Date of Birth:		Nationality:		
Tel - Home:		Tel - Mobile:		
Email:				
Academic/Professiona (please attach a copy				
Professional Member relevant:	ship (Body/Number) if			
Where did you	Internet Search		Newspaper	
hear about this	Recommendation		IACP	
course?	ICPPD Learner/Graduate		Facebook	
	Other (please give details)			
administration and	communication. Information provide	ded will be held secu	or the sole purpose of programme-relaturely in accordance with ICPPD's data pros, clearly stating your desire to pa	tection policy.
	what you hope to ach <mark>ieve t</mark> h			·
I understand that with		ng false informat	y letter of introduction is accurate. ion, may result in a refusal of a pla	
Applicant Signature:			Date	



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Additional Information from ICPPD

Course Fees: €1,500.00

- Applications must be accompanied by a deposit of €350, 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, an administration fee of €100 is retained, and the balance of €250 is refunded to the applicant.
- 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.
- 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 <u>ICPPD's Quality Assurance policies</u> in relation to refunds, payment plan, etc.

OFFICE USE ONLY				
Staff Signature/Initials:	Learner ID No allocated:			
Application Form Received (Date):	Supporting Documentation Received:			
Deposit Received:				