INTERNATIONAL COLLEGE FOR
PERSONAL & PROFESSIONAL DEVELOPMENT

**ICPPD**

## Certificate in Psychosynthesis for Professionals (30 CPD Hours)
*5-day, 30 hours, Certificate programme*

# APPLICATION FORM
## (ACADEMIC YEAR 2023-2024)

**PERSONAL DETAILS\***

Name (for Registration):
*in block capitals*

Address

Date of Birth: _____    Nationality: _____

Tel - Home: _____    Tel - Mobile: _____

Email: _____

Current Employment: _____

Academic/Professional Qualification
(please attach a copy of certification): _____

Professional Membership (Body/Number) if
relevant: _____

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

**Where did you hear about this course?**

| | | |
|---|---|---|
| Internet Search | ☐ | Newspaper ☐ |
| Recommendation | ☐ | IACP ☐ |
| ICPPD Learner/Graduate | ☐ | Facebook ☐ |

Other (please give details)

**\*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 _____

International College for Personal & Professional Development
Magazie Road, Athlone, Co. Westmeath, N37 Y5F6
T: 090 6470484 E: info@icppd.com   W: www.icppd.com

02-2024

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### Additional Information from ICPPD

**Course Fees** (as of 1st February 2024) are €650.00

- Applications 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.

- 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 ICPPD's Quality Assurance policies 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:** | | |

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