



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

APPLICATION FORM
(ACADEMIC YEAR 2025-2026)

PERSONAL DETAILS*

Name (for Registration):
in block capitals

Address

Date of Birth: _____ Nationality: _____

Tel - Home: _____ Tel - Mobile: _____

Email: _____

Current Employment: _____

Academic/Professional Qualification
(please forward 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	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>
	Recommendation	<input type="checkbox"/>	IACP	<input type="checkbox"/>
	ICPPD Learner/Graduate	<input type="checkbox"/>	Facebook	<input type="checkbox"/>
	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 _____



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Additional Information from ICPPD

Course Fees 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: _____	