



INTERNATIONAL COLLEGE FOR
PERSONAL & PROFESSIONAL DEVELOPMENT

ICPPD

Introduction to Holistic Counselling and Psychotherapy
60-hour programme

APPLICATION FORM
(ACADEMIC YEAR 2026-2027)

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

Recommendation

ICPPD Learner/Graduate

Other (please give details)

☐
☐
☐

Newspaper

IACP

Facebook

☐
☐
☐

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. A brief Interview (which may be conducted over the telephone) may form part of the admission process.

PLEASE NOTE: Course Fees are €1050. This application must be accompanied by a deposit of €150, 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