INTERNATIONAL COLLEGE FOR
PERSONAL & PROFESSIONAL DEVELOPMENT (ICPPD)

Diploma in Supervision across Professions – A Holistic Approach

IACP Accredited *110+ hours Professional Programme (delivered over 15 days)*

APPLICATION FORM
(ACADEMIC YEAR 2026/2027)

PERSONAL DETAILS*

Name (for Registration):
in block capitals _____

Address _____

_____

Date of Birth: _____ Nationality: _____

Phone No.: _____ Mobile No: _____

Email: _____

Current Employment: _____

Academic/Professional Qualification:
(please attach documentary proof) _____

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 ☐

Professional Membership Details (Body/Number), if relevant: _____

Where did you hear about this course?
Internet Search ☐
Recommendation ☐
ICPPD Learner/Graduate ☐
Newspaper ☐
IACP ☐
Social Media ☐

Other (please give details) _____

Please include with your application:

(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.**

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Course Fee Information:
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.

When 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.

Applicant Declaration:
When applying and accepting a place on this programme, I agree to personal and professional requirements of the programme and ICPPD policies as laid out in ICPPD's Quality Assurance Manual.

I confirm that I am in good legal standing and that there are no current or pending legal restrictions, court orders, or regulatory conditions that would prevent me from enrolling in or participating in this academic programme.

I confirm 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. ICPPD reserves the right to request supporting documentation if required.

I confirm that I have read and agree to the Applicant Declaration and Eligibility Confirmation.

Applicant Signature: _____ **Date** _____

OFFICE USE ONLY

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

GDPR/Data Protection Statement:

ICPPD is a data controller. We are committed to protecting your privacy and ensuring your data is processed securely in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

By completing this application form, you consent to the processing of your personal data by ICPPD for the purpose of assessing your application and related administrative processes. Your information will be stored securely and will not be shared with third parties without your consent, unless required by law.

Your personal data will be processed on the lawful bases of:
- Contractual necessity (where processing is required to consider and administer your application),
- Legal obligation (where we are required to comply with applicable laws and regulations), and
- Legitimate interests (where processing is necessary for the efficient operation of our organization and does not override your fundamental rights).

All information will be stored securely and retained only for as long as necessary to fulfil the purposes outlined above, after which it will be deleted or anonymized in accordance with our data retention policy (See Quality Assurance Manual on ICPPD website).

ICPPD is committed to protecting and respecting your privacy, and we'll only use your personal information to administer your account and to provide the products and services you requested from us.

From time to time, we would like to contact you about our products and services, as well as other content that may be of interest to you. If you consent to us contacting you for this purpose, please tick below to say how you would like us to contact you:

I agree to receive other communications from ICPPD ☐

I would like to subscribe to ICPPD monthly newsletter, Encounter ☐

You can unsubscribe from these communications at any time. For more information on how to unsubscribe, our privacy practices, and how we are committed to protecting and respecting your privacy, please refer to our Privacy Policy.