



IICP Education and Training Limited

Telephone: 01-4664205, 087-9049497

website: www.iicp.ie

APPLICATION FORM

Stage Two and Three: Diploma in Integrative Counselling & Psychotherapy

Please fill out all details in block capitals

Section 1: Personal Details

Full Name: _____

Address: _____

Date of Birth: _____ PPS Number: _____

Home Tel: _____ Mobile: _____

Email: _____

Current Employment: _____

How did you find out about the Programme?: _____

Section 2: Existing Qualification(s)

(a) Foundation Programme or equivalent:

Title of Programme: _____

Awarding Body: _____

Award Received: _____

Dates and Duration of Programme: _____

(b) Other:

Title of Programme: _____

Awarding Body: _____

Award Received: _____

Dates and Duration of Programme: _____

(Please attach evidence of qualifications - to include copies of awards and transcript where possible. If you are currently attending a foundation course put the name of your course, tutor and the name of the institution)

Section 3: Evidence of previous experience in the caring sector (either voluntary or paid)

1. Name of organisation _____

Period: From _____ To: _____

Name and title of contact person and contact details: _____

Please describe the nature of the work you did:



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Please state your reasons for wanting to embark on this programme:

Please give the names of two referees who can vouch for your suitability for this programme and who can comment on your suitability for this programme:

Name: _____	Name: _____
Professional Role: _____	Professional Role: _____
Nature of professional Relationship: _____	Nature of professional Relationship: _____
Contact Details: _____ _____	Contact Details: _____ _____

I wish to apply for the Diploma in Integrative Counselling and Psychotherapy at IICP Education and Training Ltd. I have included the following documentation along with this completed application form:

1. Application Processing Fee: €50.00 (non-refundable in any circumstances):
2. Completed Application Form:
3. Copies of Supporting Documentation as required:
4. Curriculum Vitae:

Preferred Choice (please tick as appropriate):

1. Weekday Programme (Wednesday): _____
2. Weekend Programme (Saturday): _____

Signed: _____ **Dated:** _____

Please post or deliver by hand for the attention of:

Norah Byrne, Programme Registrar
IICP Education and Training Ltd
Killinarden Enterprise Park
Killinarden
Dublin 24