

Application Form

Please post completed forms to: Heartwood Counselling and Psychotherapy Ltd, Dartington Space, Dartington Hall, Totnes, Devon, TQ9 6EN or email to enquiries@heartwoodcounselling.org

Name and Level of Course

SECTION A Course Details

Start Date

Month/Year

Enter the details of the course you would like to apply for

Day of

the week

Name: (as you would like it to appear on a certificate) Known as: (if different)			
Fitle:		Female	Non-binary
Correspondence Address:	Date of Birth:.		
Post Code:			
Гelephone Numbers- Home:	Mobile:		
E-mail Address:			
LEARNING REQUIREMENTS - Please indicate be difficulties you have:	low if you are aware of any	specific learning	g requirements o

Achieved Course Ti	tle and Level	Centre	Awarding Body	
		Please con	tinue on another sheet, if necessar	
ECTION D Refer	ees/Identification (Only	applicable if registering for	r Level 4 or above)	
Please provide one of either of the following: - Copy of photo driving licence or Passport photo page		☐ I have enclosed a copy of identification ☐ I include details of a referee below: Name:		
OR	ere or 1 most or 1 know 1 mgc		now you:	
One independent referee who has known you for at least 2 years (must not be a relation/member of your family)				
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