**CENTRE FOR COACHING**

**& CENTRE FOR STRESS MANAGEMENT**

***Part of the International Academy for Professional Development Ltd***

**COURSE APPLICATION FORM**

Please complete and return in Word format to admin@iafpd.com

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| Name (include title): | Date of Birth: |
| Address for course material (if applicable): | Contact Tel no: inc mobile |
| Occupation: | Email Address: |

Note: all correspondence will be via email

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| --- | --- | --- |
| Course 1: | Fee: | Date: |
| Course 2: | Fee: | Date: |
| Course 3: | Fee: | Date: |

Please give a brief outline of your work with particular reference to the use of coaching

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Qualifications:

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Previous training in therapy, coaching or related fields Yes / No

Please indicate the extent of your training and the models used (e.g. GROW, CBC, CBT, CBC, REBT, SFP etc).

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Please state your reasons for wanting to attend coaching/counselling/stress management courses

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Where did you hear about the Centre’s courses?

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Special Requirements:

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**PAYMENT**

Promotional Code (if applicable):

SELF FUNDING

If you are self funding, a secure payment link will be sent to the email address stated above, to enable payment to be made with a credit or debit card.

NOTE: To keep admin costs to a minimum – receipts will not be issued, please print the electronic invoice and payment receipt for your records.

INVOICE

If you require an Invoice to be sent to your organisation, please provide the company name and address along with the name and email of the contact. Invoices will be sent in PDF format by email.

Please state Purchase Order numbers if applicable. Payment due within 30 days of invoice.

Company Name, Address and Contact Name and Email:

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**CANCELLATION OF A COURSE BOOKING WILL BE SUBJECT TO THE FOLLOWING CHARGES**

MORE THAN SIX WEEKS BEFORE COURSE BEGINS FULL REFUND

OVER 2 WEEKS BUT LESS THAN 6 WEEKS BEFORE COURSE BEGINS 75% OF FEE

TWO WEEKS OR LESS BEFORE COURSE BEGINS NO REFUND

THE CENTRE RESERVES THE RIGHT TO ALTER OR CANCEL COURSES.

*DUE TO THE NATURE OF THE WORKSHOPS, DELEGATES MUST ATTEND OVER 90% OF ANY INDIVIDUAL COURSE TO SATISFY ATTENDANCE REQUIREMENTS IF CERTIFICATION IS REQUIRED*

I have read and agree to the above conditions. I confirm that I have read the relevant course details including the section headed **General course information** which can be found here:

<http://www.iafpd.com/general-course-information>

Electronic signature of applicant: Date:

**PLEASE RETURN COMPLETED APPLICATION FORM TO:**

**admin@iafpd.com**

**Courses are held in London and Borehamwood, England & Edinburgh, Scotland.**

**Please contact the Academy & Centre for details.**

Jan 2015