

Learner Application Form Certificate in Counselling and Psychotherapeutic Skills and Practices

Please complete <u>ALL FIELDS</u> in block capitals. Incomplete applications will not be considered.

PPS Number (do not leave blank)							
Forename (as it will appear on parchments)							
Surname (as it will appear on par	chments)						
Address (for all correspondence)							
_							
_							
Home Telephone		Mobile					
Date of Birth (dd/mm/yy)		Gender (M or F)					
Email (in block capitals) Please note that it is mandatory for all ICHAS students to have an email address							
Venue/Location _							
* Please note that a large proportion of correspondence from the ICHAS is through email. For this reason, an application form cannot be processed without a valid email address. By making an application to the College, you are indicating that you understand this and that you have access to an email address that will be checked regularly. Please contact us by telephone if you require any assistance in this regard.							
Office use only:		MIS updated: / / By:					
Date Received / /		Level: Course No: Fin:					

Details of Education Qualifications

(e.g. School, Post-Leaving Certificate, FAS, College or University)

Most programmes offered by the Institute of Open Learning do not have particular entry requirements and applicants are advised to refer to the prospectus or website for any recommendations regarding prior experience. The information in this section will allow us to determine if you may be entitled to any exemptions or credit allocation based on prior learning.

Name of School/College	Period of Study		Courses or Modules Completed	Result			
	From	То	Courses of Modules Completed	nesure			
Application Form Submission Checklist							
1. I have fully completed all sections of the application form.							
2. I have a valid email address* .							
3. I have signed the declaration at the end of this application form.							
4. I have included the €100.00 Booking Deposit							

It is essential to complete each of the above steps to enable us to process your application. Should you have any queries relating to any section of this application form, please contact us for clarification and assistance.

Declaration

I declare that the information given by me in this application is true and that if I am admitted as a learner I will abide by the regulations of the Irish College of Humanities and Applied Science. ICHAS reserves the right not to consider applications and to cancel any offers of places where requested information has not been supplied or falsified; or misleading information has been supplied.

Signature:			
Date:			

APPLICATIONS FOR LIMERICK CAMPUS

APPLICATIONS FOR DUBLIN CAMPUS - GRIFFITH COLLEGE

ICHAS, Walton House, Lonsdale Road, Castletroy, Limerick Tel. 061 216288 Fax. 061 330459

Email: anne.conlon@ichas.ie

Web: www.ichas.ie

Griffith Corporate Training, South Circular Road, Dublin 8 Telephone: 01-416 3318 / 01-416 3323 / 01-4163378

Email: shortcourses@gcd.ie
Web: www.gcd.ie/psychology