**CENTRE FOR NEUROSCIENCE**

**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](mailto:admin@iafpd.com)

|  |  |
| --- | --- |
| **Name (include title):** | **Date of Birth**: |
| **Postal Address** (Course Material for Stress Mgmt and Certificate in Coaching will be sent to this address) | **Contact Tel:** |
| **Occupation:** | **Email Address** (Booking confirmation and Joining instructions inc pre-reading will be issued to this address – check spam/junk folder if not received) |

Note: all correspondence will be via email so don’t forget to check your spam folder!

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

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

|  |
| --- |
|  |

Qualifications:

|  |
| --- |
|  |

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).

|  |
| --- |
|  |

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

|  |
| --- |
|  |

Where did you hear about the Centre’s courses?

|  |
| --- |
|  |

Special Requirements:

|  |
| --- |
|  |

**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. We are unable to take payment over the phone.

Receipts will not be issued, please print the electronic invoice and payment receipt for your records.

Your place is not confirmed until your payment is received. If payment has not been made 1 week prior to the start of the course and we have made every effort to contact you, your reservation will be cancelled.

**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.

|  |
| --- |
| **EMAIL TO:**  **COMPANY NAME:**  **ADDRESS:** |

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

More than 4 weeks before course begins Full Refund

Over 2 weeks but less than 4 weeks before course begins 75% of fee

2 weeks or less before course begins No refund

Only 1 transfer of course dates allowed £35

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 in WORD FORMAT TO:**

[**admin@iafpd.com**](mailto:admin@iafpd.com)

**WE WILL ACKNOWLEDGE RECEIPT OF YOUR FORM – IF YOU DO NOT HEAR FROM US CHECK YOUR SPAM/JUNK FOLDER OR MAKE FURTHER CONTACT BY PHONE**

**YOU ARE NOT BOOKED ONTO A TRAINING COURSE UNTIL YOU RECEIVE A CONFIRMATION FROM US**

**Courses are held in Central London**

June 2017