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OCN Certificate in Counselling Supervision

Application Form – September 2020

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| Name: |
| Address: |
| Phone: |
| Mobile: |
| Email: |
| Date of birth |
| Counselling Qualifications & Dates Attained: |
| Theoretical orientation |
| Number of counselling hours: |
| Place of practice / client group: |
| Do you have any learning needs? |
| Where did you hear about the course? |
| Name of your supervisor? |



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| Supporting statement detailing reasons for your application:  (Continue on separate sheet if necessary) |

**Please send:**

* Your completed application form by email or post
* £195.00 non-refundable\* deposit by cheque or bank transfer \*(unless application unsuccessful).
* Balance of £800.00 is due by 19/08/20

**Or if your organisation is paying for you:**

* Please provide details of who the invoice **for the full amount** should be sent to.

**Your supervisor should email or post the Letter of Support Form**

**Payment & Cancellation Policy**

If self-funding, the deposit of £195.00 is non-refundable unless your application is unsuccessful.

In the event of you cancelling your place once it has been paid for in full, if it is more than one calendar month before the course start date, a refund can be made of the fee paid, less £195.00 deposit. If you cancel your place less than one calendar month before the course date, refunds cannot be given unless there is a waiting list and your place can be re-filled. An administration fee may be payable.

**Organisation**

If your organisation is paying for the place the whole amount is payable once you have been accepted on the course. In the event of you cancelling your place once it has been paid for in full, if it is more than one calendar month before the course start date, a refund can be made of the fee paid, less £195.00 deposit. If you cancel your place less than one calendar month before the course date you will not be given a refund unless there is a waiting list and your place can be re-filled. An administration fee may be payable.

**PAYMENT DETAILS**

SORT CODE: 40-47-75

ACCOUNT NUMBER: 52457717

ACCOUNT NAME: LISA MASS

**Cheques should be made payable to ‘Lisa Mass’ and sent to the address below:**

**LISA MASS, FLAT D, MISTLETOE LODGE, LIONEL AVENUE, WENDOVER HP22 6BL**

**Email:** [**contact@lisamasscounselling.co.uk**](mailto:contact@lisamasscounselling.co.uk) **Phone: 0777 300 78 94**