For office use only:

Date Application Received: -------------------------

**Please select your course.**

**Level 3 Certificate in Life Coaching (LCS-L3)**

|  |
| --- |
| Confirm course applying for: |

**CONFIDENTIAL**

Applicants please complete from here: -

SURNAME --------------------------------------------------------------------------

OTHER NAMES --------------------------------------------------------------------------

DATE OF BIRTH --------------------------------------------------------------------------

ADDRESS

--------------------------------------------------------------------------

--------------------------------------------------------------------------

POSTCODE

-----------------------------------------

TELEPHONE NO: ------------------------------------------------------------

MOBILE NO: ------------------------------------------------------------

EMAIL ADDRESS: ------------------------------------------------------------

1. DETAILS OF PAST AND PRESENT WORK INCLUDING ANY

VOLUNTARY WORK (Please start with current employer and work back)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name and Address of Employer* | *Post held* | *From* | *To* | *Brief Description* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

2. QUALIFICATIONS AND TRAINING

(A) Please list any qualifications (academic or professional) giving dates obtained and grades if appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| Qualifications | Grade | Date Obtained | School/College/University |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(B) Please give details including date of any special training you have undertaken (including any short courses).

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

1. SUPPORTING STATEMENT

(a) Please tell us more about yourself. Tell us about your hobbies and interests and what skills, experience and knowledge you fell you can bring to the course.

Please can you supply names and contact details of two referee

|  |  |
| --- | --- |
| Reference No 1 (character) | Reference No 2 (professional) |
|  |  |

Signature…………………………………………………Date…………………….

Please return to: Alicia Mike Training Director

Manchester Counselling Training Centre Ltd

WISSCC Training Centre

Westwood Street

Moss Side

Manchester

M14 4SW

Or return by email to admin@mctc-online.co.uk

Tel: 0161 868 0962

Mob: 07971417621