

**1A LONDON ROAD, ENFIELD, MIDDLESEX, EN2 6BN**

**Tel: 020 8367 2333 Email:** **info@enfieldcounselling.co.uk** **Web:** [**www.enfieldcounselling.co.uk**](http://www.enfieldcounselling.co.uk)

# ECS Training Application Form

Introduction to Psychodynamic Counselling

Name : ..............................................................................................................................

Address: ..............................................................................................................................

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Telephone Daytime: ......................................................................

Telephone Evening: ......................................................................

Email: .....................................................................

Date of birth: ......................................................................

Occupation: ................................................................................................................

**Please complete the following questions:**

1. **What is your reason for applying for this course?**

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1. **What is your experience with working with people, including voluntary work?**

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**3. What is your interest in counselling?**

Write about how your interest in counselling developed. You can include life experiences which may have influenced you. Please use a separate sheet if necessary.

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Please return your form to Enfield Counselling & Psychotherapy Service (ECPS) via the email above with the enrolment fee of £20.00 (deducted from £200 course fee)

If paying by bank transfer, please quote as reference your name, the name of the course and make payment to:

**Enfield Counselling Service, CAF Bank, Account No: 00009093, Sort Code: 40 52 40**