



APPLICATION FORM - COUNSELLING COURSES

Please fill out and return by email to: enquiries@thetaracentre.co.uk

Course you are applying for:-

Name:-

Date of application:-

Telephone number:-

Date of birth:-

Post code:-

Email address:-

Ethnicity:-

Disabilities:-

Relevant experience:-

Qualification history:-

Current employer:-

Name and address of 2 references:-

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