

I confirm that the information I have given on the form is true.
I enclose two passport photos.
I have sent the Reference Forms to my two referees.
I enclose a cheque for £25 to cover my application fee.

Signed..... Date

Please make your cheque payable to: Kent & Medway NHS & Social Care Partnership
If you are accepted onto the course we will deduct £25 from your fee.
If we cannot offer you a place we will refund your £25.

Please send this form, with the photos and cheque, to: Louise Stringer, Counselling Course Administrator,
INTER – PSYCHE , Kent & Medway NHS & Social Care Partnership Trust, Trinity Resource Centre, High St,
Dartford DA1 1DE.