



BORD OIDEACHAIS AGUS OILIÚNA CHIARRAÍ
KERRY EDUCATION AND TRAINING BOARD

AN TOCHAR ADULT EDUCATION CENTRE

APPLICATION FOR FOUNDATION IN COUNSELLING COURSE

October 2018

NAME _____ Tel _____

ADDRESS _____ Mobile _____

_____ email _____

Date of Birth _____

How did you hear about this course?

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Please outline the reasons you wish to do this course (in 300-400 words, attach another sheet if necessary)

Much of the learning on this course is done in an experiential way; therefore students will be expected to participate fully in exercises and discussion. Students must also be open to engage in personal reflection and feedback.

Applicants must possess sufficient literary skills to complete assignments.

Applicant Signature _____

Date _____

Return this completed application marked **Confidential** to Nora Knapp, An Tochar Adult Education Centre, Causeway.

Email manager@antochar.ie Tel : 066 7131977/0879109454