



BORD OIDEACHAIS AGUS OILIÚNA CHIARRAÍ
KERRY EDUCATION AND TRAINING BOARD

AN TÓCHAR ADULT EDUCATION CENTRE

APPLICATION FOR FOUNDATION IN COUNSELLING COURSE

October 2020

NAME _____ Tel _____

ADDRESS _____ Mobile _____

_____ email _____

Date of Birth _____

How did you hear about this course?

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