**Participant Enrolment Request form for Soul Soup Training Academy Courses**

**Please use a separate form for each course you are applying to.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Course | | | | | | Date of Course | |
|  | | | | | |  | |
| Your name | | | |  | | | |
| Your DOB | | | |  | | | |
| Your job title and organisation | | | |  | | | |
| Your address for correspondence | | | | | | | |
|  | | | | | | | |
| Postcode | | | |  | | | |
| Your preferred email address | | | |  | | | |
| Your preferred telephone number | | | |  | | | |
| Name and address to be invoiced (if different from above) | | | | | | | |
|  | | | | | | | |
| Payment | | | | | | | |
| 1. To secure a place on any of our courses (or for the COSCA Certificate in Counselling, each module), you will need to pay a non-refundable deposit of 20% of the course fee with your booking. 2. The remainder of the course fee (minus your deposit) must be paid at least four weeks before the course date or start of the course. | | | | | | | |
| Cancellation policy | | | | | | | |
| 1. If you cancel your place on your course up to one calendar month before the start of the course, you will receive a full refund minus your deposit. 2. If you cancel your course up to two weeks before the start of your course you will receive a 50% refund minus your deposit. 3. If you cancel your course place within two weeks of the course start date, no refund will be given | | | | | | | |
| Preferred payment method (*please tick*) | | | | | | | |
| Bank Transfer |  | | Cheque | |  |  | |
| Please make transfers to: | | | | | |
| **PAYMENT FOR COSCA COURSES ONLY**:  Would you prefer to pay in instalments or a lump-sum? (*please tick*) | | | | | | | |
| Per module | |  | | | | Whole course |  |
| **If you are paying in instalments, we will contact you to set up a Payment Plan.** | | | | | | | |
| For all courses:  Please specify any access or learning requirements | | | | | | | |
|  | | | | | | | |
| Statement in support of application: | | | | | | | |
| *Please outline (briefly) your reasons for wanting to attend this course and any relevant information you feel may impact your ability to engage fully with or participate in the course. (Continue on additional sheet if required and attach it to your application)* | | | | | | | |
| How did you hear about your course? | | | | | | | |
|  | | | | | | | |
| \*Attendance (COSCA Counselling Courses only) | | | | | | | |
| Please note COSCA requires an 80% attendance rate for each module and the entire course. This equates to missing no more than 2 sessions per module. If you are not certain you will be able to make this commitment, we will be unable to offer you a place on this course. | | | | | | | |

**Please complete and return to** [train@soulsoup.co.uk](mailto:train@soulsoup.co.uk)

***FOR ADMINISTRATIVE PURPOSES ONLY***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Application reviewed*** | ***Application accepted*** | ***Deposit received*** | ***Confirmation sent*** | ***Invoice sent*** | ***Participant number*** |
| *By:* | *Yes* | *Yes* | *By:* | *By:* |  |
| *Date:* | *No* | *No* | *Date:* | *Date:* |
|  | *If no, reason:* |  |  | *N/A* |  |
|  |