2017 Application Form LIFELINE WESTERN CAPE Communication and Counselling Skills Course



Next of Kin Contact Information Motivation for doing the course Your Contact Information Name (Mr/ Mrs/ Ms) For personal growth To acquire skills to use in the Surname community Recommended by a **ID Number** friend / employer To become a Life Line Home Phone Counsellor Work Phone Other – Motivate: E-Mail Address Address Age □ over 70 □ 21**-**30 □ 31-40 □ 41**-**50 □ 51-60 □ over 60 **Marital Status** Religious Affiliation (If any) Occupation/Job Language Proficiency in □Fair □ Other Language Proficiency..... □ Good □Excellent English Are you currently in Therapy? YES NO Has your therapist agreed to you joining the course? YES NO NO Have you submitted a letter from your therapist? YES Morning Course CCS2-2017 Evening Course CCS3-2017 Evening Course CCS1-2017 Course Code CCS - EXTERNAL Starting Date OFFICE USE ONLY - RECEIPT NUMBER: DATE RECEIVED **EARLY BIRD:** R..... **DEPOSIT** (Payment Terms)

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Summarise special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports

Attendance Requirements

Sessions 1, 3 & 9 on Personal Growth Courses are **compulsory**. Sessions 1, 8 & 9 on Counselling Skills Courses are **compulsory**.

The closing date for applications and payment is two weeks prior to the commencement of the course.

Banking Details and Payment Options:

Course Fees: R2450.00 Early Bird Special: R2205.00

Deposit & Payment terms: R980.00 x 3 = R2940.00

DIRECT DEPOSIT / EFT:

LifeLine/Childline, Standard Bank, Thibault Square, code: 020909 Account Number: 071552839

REF: Name, Surname, Course Code – i.e. CCS1-2017

Please EMAIL or FAX a copy of deposit slip or Proof of payment with name and course as reference to 021 461 6400 or

training@lifelinewc.org.za

Fees are not refundable and non-transferable after the course has commenced.

For inquiries, please contact: 021 461 1113

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in dismissal.

Name (printed)	
Signature	

Our Policy: It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in our courses at Lifeline and we look forward to having you on board at Lifeline Western Cape.