

**Short Courses Application Form**

**Personal Details**

First name	
Surname	
Address	
Post Code	
Home Mobile no	
Home tel no	
E-mail	

**Please state which short course you wish to attend and on what dates**

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**Reasons and Learning Outcomes**

Please provide a statement addressing the reasons behind your interest in this course as well as what expectations and learning outcomes you bring.

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What previous experience of CBT, Counselling or Psychotherapy do you have?

**Additional Information**

**Participation**

Most ACT Counselling Services short courses require participants to share manageable personal experiences (within safe boundaries and a group working agreement) and practice based issues.

signed.....

date...../...../.....