

FREDA'S CHRISTIAN COUNSELING SEMINARY

REGISTRATION FORM

STUDENT PERSONAL DETAILS

SURNAME _____ TITLE Dr Mr Mrs Miss Ms

FORENAMES _____

DATE OF BIRTH ____/____/____ GENDER Male Female

ADDRESS _____

_____ POST CODE _____

HOME TEL: _____ WORK TEL: _____

MOBILE TEL: _____ EMAIL: _____

NATIONALITY: _____

EXAMINATIONS – TAKEN OR TO BE TAKEN

SUBJECT	RESULT	LEVEL	DATE TAKEN

COUNSELING COURSES – TAKEN OR TO BE TAKEN

FEES

I have enclosed my non-refundable / non-transferable deposit enrolment fee £ _____

REFEREES

Please Supply the details of two individuals whom we can approach for a reference

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DECLARATION

I certify that the information supplied on this form is correct in all respects

APPLICANT'S SIGNATURE: _____ DATE ____/____/____

PRINT NAME _____