****Blue-LogoBlue-Logo**APPLICATION FORM**

**LISTENING SKILLS**

**skills to help you listen in a helpful way**

A 10 SESSION COURSE

**DATES TO BE CONFIRMED – TO REGISTER YOUR INTEREST PLEASE EMAIL** [**training@thewellcounselling.co.uk**](mailto:training@thewellcounselling.co.uk)

**(DATES XXXXX 10.00 am – 12.30 pm)**

First Name:………………………………………………………………………………………………………………………….

Surname:…………………………………………………………………………………………………………………………….

Address:………………………………………………………………………………………………………………………………

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Postcode:……………………………………………………………………………………………………………………………..

Tel:..............................................................................................................................................

e-mail:…………………………………………………………………………………………….……………………………………..

I would like to join the above course (COST £180) and enclose my non-returnable deposit of £30.

The Lyttelton Well Learning Community maintains a digital database of course attendees for administrative purposes. I consent to my name and details being held in the database for this course.

Signed:………………………………………................ Date:…………………………………………………………….

Please return this form with your payment (cheques payable to ‘The Lyttelton Well’) to:

If you would prefer to pay via BACS pleaseemail [**training@thewellcounselling.co.uk**](mailto:training@thewellcounselling.co.uk)for details.

**By XXXXXX.**