

**Application Form**

File No. \_\_\_\_\_

Name (Please use block capitals and print your name as you wish it to appear on your Certificate):

\_\_\_\_\_

Address & Postcode:

\_\_\_\_\_

DOB: \_\_\_\_\_ (must be 18+)      Age: \_\_\_\_\_      Gender: Male/Female/Other/  
Prefer Not To Say

Telephone No. (Day): \_\_\_\_\_

Telephone No. (Evening): \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email address: \_\_\_\_\_

Course applied for: \_\_\_\_\_

Reasons for applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**continued overleaf**

**Registered Address**  
151 Dale Street  
Liverpool L2 2AH

**Tel:** 0151 237 3993  
**Fax:** 0151 237 3994  
**Email:** [Enquiries@compass-counselling.org.uk](mailto:Enquiries@compass-counselling.org.uk)  
**Web:** [www.compass-counselling.org.uk](http://www.compass-counselling.org.uk)

**Registered Charity No:** 700335  
**Company Limited by Guarantee:** 2235061

Do you require: Wheelchair access? YES/NO      Large Print Handouts? YES/NO

Other (Please specify): \_\_\_\_\_

I enclose a FEE of £      (Please make cheques payable to Compass)

Please return application form to :

Compass Counselling Services  
151 Dale Street  
Liverpool  
L2 2AH  
Fax: 0151 237 3994  
Email: [enquiries@compass-counselling.org.uk](mailto:enquiries@compass-counselling.org.uk)