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## CENTRAL COUNSELLING & TRAINING SERVICE INTRO TO CHRISTIAN COUNSELLING (OCN Level 2) APPLICATION FORM

Before considering attending the course, please note that we need the recommendation of your church minister or pastor. The course is designed for people who need counselling skills for use in their church or profession.

Please ensure that all questions are answered fully in **block capitals**. When completed, please return this form to **Central Counselling & Training Service** together with a non-returnable deposit of **£60**. The balance needs to be paid at the first day of the course. Cheques are to be made payable to **New Community Network**.

**Postal Address:** CCTS, Central Hall, St. Mary Street, Southampton SO14 1NF

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1) Specify the venue of course you wish to attend (e.g. Southampton, Edinburgh, etc.):

2) Surname: \_\_\_\_\_ Title: Mr/ Mrs/ Miss / Ms

3) First Name: \_\_\_\_\_

4) Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Home: \_\_\_\_\_

Telephone Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

5) Occupation: \_\_\_\_\_

6) Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

7) Do you have any special needs (dietary, learning, seating, or any disability etc)?

8) Are you currently pregnant YES / NO?

If so we may need to talk to you about the timing of this course.



9) I enclose a cheque for £ \_\_\_\_\_ payable to '**New Community Network**'

Applicant  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

10) Pastor's/ Minister's comments and recommendation:

11) Name, address and signature of pastor/ minister recommending you for the course (please print clearly)

Name: .....

Position: .....

Address: .....

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Postcode: .....

Signature: .....