



Course Application

Course title: .....Counselling Practitioner Diploma (Level 4 Equivalent)

Course commencement date: .....

Student name: .....

Address: .....

.....

.....

Telephone: .....

Email: .....

Counselling qualifications: please list your counselling qualifications and include the years and places of study:

Counselling Qualification	Place of Study	Year of completion

Any learning or access issues that your tutor should be made aware of: .....

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## *Training by Liberty Registration*

*Please read and sign below and return this privacy policy at time of registration, thank you*

### **Secure Storage**

Your data is stored securely and confidentially and used in a safe and ethical manner in line with EU General Data Protection Regulations May 2018. It is not shared with other people without your consent.

### **Right to Access**

You have the right to ask for a copy of your personal information free of charge in either electronic or paper format. You also have the right to ask me to amend or change any incorrect information about you.

### **Right to be forgotten**

You have the right to ask me to erase any information that I hold about you. This includes your personal information that is no longer relevant to original purposes, or if you wish to withdraw consent. In all cases and when considering such requests these rights are obligatory unless it's information that I have a legal obligation to retain such as requirements of my insurance company who currently requires me to retain your case notes for 5 years.

### **Data Portability**

As the client you have the right to receive your personal information which you previously provided also you have the right to transfer that information to another party. For the purposes of the GDPR 2018, the data "controller" is Catherine Drewer.

If you are happy with the way your personal information is being collected, stored and used please sign below.

Thank you

Name: .....

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



## *Training by Liberty Registration*

### ***Payments:***

*The deposit required to secure a place on your chosen course can be found in the information sheet for that course.*

*You can pay by BACS **Account: Liberty Talking Therapy Limited, Account Number- 28102309, Sort Code-60-83-71.** For courses that run over a number of weeks, a payment plan is available upon request.*

*Entry onto the Counselling Practitioner Diploma is contingent on successful interview and relevant previous study. If you are unsuccessful at securing a place on the course your deposit will be returned.*

*All deposits are refundable up to 7 days before course commencement. After 7 days cancellations and applications for deposit refunds will be considered on a case by case basis.*

*Please sign below to agree to these terms and return your completed registration to [trainingbyliberty@outlook.com](mailto:trainingbyliberty@outlook.com)*

*Please note that should I have to cancel the course (minimum 4 participants required for course to run) then all funds will be returned.*

*I confirm that I agree to the terms stated in this application/registration form*

*Name: .....*

*Signed: ..... Dated: .....*

*Liberty  
Talking Therapy*