

**Chiron Training Ltd**  
**Suite B, Queens Way House**  
**275-285 High Street**  
**LONDON E15 2TF**  
**Tel: 020 8275 7915**

## **APPLICATION FORM**

### **INTERMEDIATE LEVEL DIPLOMA IN APPLIED SYSTEMIC THEORY & PRACTICE**

Please fill out the form **in full** and when complete, please print it and post with your £50 deposit cheque made payable to Chiron Training Ltd at the above address. Thank you.

<b>Surname:</b>	<b>Forenames:</b>
<b>Date of birth:</b>	
<b>Home Address:</b>	<b>Work Address:</b>
<b>Home Telephone No:</b>	<b>Work Telephone No:</b>
<b>home e-mail:</b>	<b>work e-mail:</b>
<b>Current Job Title:</b>	

### **1. FURTHER EDUCATION & PROFESSIONAL QUALIFICATIONS**

Please specify subject, place of study, year(s) of study and qualifications gained:

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## **2. RELEVANT WORK EXPERIENCE**

**Please give details of relevant work experience, beginning with the most current.**

## **3. PROFESSIONAL EXPERIENCE**

**Please describe your professional experience with families/couples/children/young people.**

## **4. CLINICAL PLACEMENT**

**Please describe the arrangements you have made to complete 60 hours of therapeutic work with families. Include supervision arrangements and the name of your supervisor.**

#### 4. COURSE FEES

1. The fee for this course is £2600. Please note a cheque for £50 made payable to Chiron Training Limited must be submitted with your application form. Thanks.
2. Please also state whether you are a) funded by **your employer** OR b) **Self-funding** by completing the relevant section below.

**a) Employer Funded:** An invoice will be sent directly to your employer, please provide their details:

**Contact Name & email address:**

**Organisation name & telephone no:**

**Organisation address:**

**b) Self-funded:** There are three options for payment, please indicate your preference:

**1. Make one payment of £2600 in full**

*Please type yes or no*

**2. Pay in three instalments of £916**

*Please type yes or no*

**3. Pay in nine monthly instalments of £311**

*Please type yes or no*

**Please note:**

Termly payments are due at the start of each term

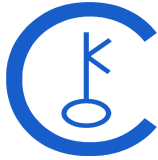
Monthly payments are due at the start of the month

After completing the form, please print and post it with your £50 deposit cheque made payable to Chiron Training Ltd plus your two references, at the following address:

Chiron Training Ltd  
Suite B, Queens Way House  
275-285 High Street  
LONDON E15 2TF  
Tel: 020 8275 7915

Please don't forget the next page which is the Referee Request Form. You need  
To send two references with this application.

Thank you.



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**[www.chironconsulting.org](http://www.chironconsulting.org)**  
**[info@chironconsulting.org](mailto:info@chironconsulting.org)**

## **Reference Request Form:**

You are required to provide two references. Please print two copies of this form to give to each of your referees. They should complete it and to return it to Chiron at the above address.

**Applicant's Name:**

**Course Title: Foundation Level Certificate in Applied Systemic Theory & Practice**

**Referee Details:**

**Name:**

**Address:**

**Telephone No:**

**email address:**

**Relationship to Applicant:**

**Please comment on:** the applicant's abilities to: take on new ideas; express complex ideas in writing; meet deadlines. Please also comment on the applicant's abilities to take part in group activities and form relationships with peers, colleagues and clients.

Please continue on a separate page if necessary. When complete, please sign and return to: Chiron Training, Suite B, Queens Way House, 275-282 High Street, Stratford E15 2TF.

Thank you.