

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Date \_\_\_\_\_  
Email \_\_\_\_\_  
DOB \_\_\_\_\_



# Registration Form

## Level 2 in Supporting Good Emotional/ Mental Wellness in the Community



What is your main reason for wanting to participate in this course?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you most like to get out of this course?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you applying for an accredited or unaccredited place?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you applying for a fully funded place?  
**YES /NO**

If so, please give a brief explanation of why you feel you are eligible

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you paying in full or in three installments:

Accredited full fee £220

Accredited monthly installments: Month 1 £120, Month 2 £50, Month 3 £50

Unaccredited Full Fee £152

Unaccredited installments: Month 1 £52, Month 2 £50, Month 3 £50

Do you already work in the health and wellbeing professions or industry? **YES / NO**

Please use the space below to tell us anything else you feel it would be useful for us to know:

Do you have any medical or health conditions of which you would like to make us aware? Please list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any further questions, please contact us at : **contact@alfic.org**  
or **text or call Emma on 07791 520388**

Large empty box for additional information.

*NB: All of your personal information is private and confidential and will be kept in line with the current data protection legislation.*