



# rowan

people potential growth

**Course** Rowan Certificate in Counselling Skills Module 1  
**Date** March 1<sup>st</sup>, 2<sup>nd</sup>, 8<sup>th</sup>, 9<sup>th</sup> 16<sup>th</sup> & 30<sup>th</sup> 2010  
**Venue** Rowan, Perth  
**Times** 9.30am – 3.30 pm

**Name**

**Address**

**Contact Number**

**Date of Birth**

**Email**

**How did you hear about Rowan?**

**Employer**

**Work Tel. Number**

<b>Fees</b>	£395 plus VAT per module for organisations
	£345 for self-funded individuals

Full payment to be made at least one month in advance. For cancellations up to 4 weeks before the event a refund of 50% will be made. No refund thereafter.

To secure booking please enclose cheque made payable to "Rowan Consultancy" or give invoicing address below:

**Invoice Address**

Please let us know of any special requirements you may have, and we will do our best to accommodate them. Please note we are on the second floor and there is no lift.

I would like to book a place on the following Modules: (circle as applicable)

Module 2	Module 3	Module 4
26 <sup>th</sup> and 27 <sup>th</sup> April,	August 2010	Jan 2011
4 <sup>th</sup> , 11 <sup>th</sup> , 18 <sup>th</sup> May		
and 1 <sup>st</sup> June 2010		

**I enclose my letter of application giving my reasons for applying to the course and what I hope to bring to the course.**

**Signed**

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**Perth** www.rowan-consultancy.co.uk  
**PH1 5EN** rowan@rowan-consultancy.co.uk