



# rowan

people potential growth

**Course** Rowan Certificate in Counselling Skills Module 4  
**Date** Jan 9th, 10th, 17th, 24th, 31st and Feb 14<sup>th</sup> 2012  
**Venue** Perth city centre  
**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.

**Payment Options** (Please tick) – cheques made payable to Rowan Consultancy or call the office to pay by card

Full Payment enclosed

50% deposit enclosed (remainder due by **9<sup>th</sup> December**)

Please invoice my employer at address below

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Invoice Address**

Please let us know of any special requirements you may have and we will do our best to accommodate them.

**Signed**

**Date**