



Community ART COUNSELLING

APPLICATION FORM

THE INFORMATION COMPLETED IN THIS FORM WILL BE KEPT IN CONFIDENCE

SECTION 1 PERSONAL DETAILS

Last Name

First Name

Home Address

Postal Address

Send your completed application form to our training coordinator, Rozanne Myburgh, at training@lefikalaphodiso.co.za

Post Code

Send your completed application form to our training coordinator, Rozanne Myburgh, at training@lefikalaphodiso.co.za

Home Telephone

Daytime Telephone

Email address

ID Number

Nationality

Home Language

Date Of Birth

Disability status (if yes, please indicate details)

Special Needs or Medical Requirements

Dietary Requirements

NEXT OF KIN

Name

Send your completed application form to our training coordinator, Rozanne Myburgh, at training@lefikalaphodiso.co.za

Phone number

SECTION 2 PRESENT EMPLOYMENT

Please provide the following information in support of your application together with a copy of your current CV.

Name of Employer

Address

Postcode

Post Title

Date of Appointment

Brief Description of Duties

Send your completed application form to our training coordinator, Rozanne Myburgh, at training@lefikalaphodiso.co.za

Continue on separate page if necessary...

Send your completed application form to our training coordinator, Rozanne Myburgh, at training@lefikalaphodiso.co.za

SECTION 3 EDUCATION

Please list highest qualification first

College or University	Course	Qualification Obtained

School	Subjects	Qualification Obtained

Membership of any professional body/ association (please state level of membership and include registration number):

Send your completed application form to our training coordinator, Rozanne Myburgh, at training@lefikalaphodiso.co.za

Send your completed application form to our training coordinator, Rozanne Myburgh, at training@lefikalaphodiso.co.za

SECTION 4

MOTIVATION

Your reason for applying:

What about Community Art Counselling interests you and how will it help you in your current and/or future roles?

Have you engaged in any community work before? If so, please provide details.

Have you engaged in any form of therapy for yourself? If so, please specify.

Send your completed application form to our training coordinator, Rozanne Myburgh, at training@lefikalaphodiso.co.za

Please continue on a separate page if necessary...

Send your completed application form to our training coordinator, Rozanne Myburgh, at training@lefikalaphodiso.co.za

SECTION 6 COURSE FEES

- **Individual Full Paying: R30 000** (R9500 deposit payable before the start of the course. Monthly payments thereafter).

TOTAL FEES: _____

SIGNATURE:

PLACE:

DATE:

Send your completed application form to our training coordinator, Rozanne Myburgh, at training@lefikalaphodiso.co.za