United Kingdom of Academy

of

# Integrative Therapy (UKAIT)

 ***12 Oakville Avenue, Rhyl, LL18 3TE***

 ***enquiries@ukait.org***

## COURSE APPLICATION FORM

### Personal Details

**Surname** ……………………………………………………………………………………………………………………………….

**First name/s** ………………………………………………………………………………………………………………………….

**Gender** …………………………………………………………………………………………………………………………………

**Address**…………………………………………………………………………………………………………………………………

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**Postcode** ………………………..

**Telephone** …………………………………………………………………………………………………………………………….

**Mobile** ………………………………………………………………………………………………………………………………….

**Email** ……………………………………………………………………………………………………………………………………

###  Course Details

 What course are you applying for?

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**Relevant Qualifications:**

(please note: no previous experience or qualifications are required; all training will be given during the duration of the course. Leave blank if you have no relevant qualifications. If left blank, UKAIT will arrange a personal interview with the course director)

1. …………………………………………………………………………………………………………………………………

Part time \ full time? ……………………………………. Duration ……………………………………..

College or Training School …………………………………………………………………………………………

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Part time \ full time? ……………………………………. Duration ……………………………………..

College or Training School …………………………………………………………………………………………

**Relevant Experience:**

(note: this is not necessary for enrolment – enter none if necessary)

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### Psychological, Psychiatric or Medical history and/or medication

Please give details of any Psychological, Psychiatric or Medical conditions, past or present, and any medication prescribed (use another sheet if necessary)

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### Criminal Convictions:

Please give details of any criminal convictions you have:

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### References

Please provide details of a referee (this shouldn’t be a family member, preferably a colleague in a position of authority.

Name: ……………………………………………………….

Address: …………………………………………………………………………………………………………………………………………………..

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Postcode: ……………………………………………………………..

Tel. No………………………………………………………………… Email : ……………………………………………………………………

 Applicant’s declaration and signature

* I agree to adhere to the NCIP’s Ethical Framework (see: <https://www.the-ncip.org/conduct>)
* I confirm that the information contained in this form is true, accurate and complete to the best of my knowledge.
* If I am offered a place, I understand that a non-refundable deposit is due to secure my place.
* I understand that should I withdraw from the course once it has commenced, the full fee will become due to UKAIT
* I understand that any false or misleading statement, falsification of accompanying evidence may lead to refusal to enrol on the course.

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|  **GDPR Compliance Declaration** UKAIT will only use the information herein for the following purposes: * to deem a person’s suitability for a course
* to record attendance and payment information, and information pertaining to assignment grades, and to inform people of forthcoming workshops or courses

 addition: * UKAIT will NOT share this information with any third parties, and will make it available for viewing or withdrawal whenever requested by the applicant. To make the request please email: enquiries@alc2alc.com.

 * If the information is to be discarded or deleted, it will be done so in a way that complies with GDPR.
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* I agree to the use of the information herein as outlined in the GDPR declaration above

Applicant’s signature ............................................................................. Date .......................................

Please email the completed form to **enquiries@ukait.org**

We will process your application. If you are offered a place, please pay deposit via bank transfer to:

 Name: UKAIT

Sort code: 09-06-66

Acc no: 42759936

### Once received, a receipt and confirmation will be sent out to you