



Lois Reid College of Counselling Studies

Armidaale Diocese Anglican Counselling Training Service Inc
Registrar Ph (02) 6765 2527 Enquiries Ph (02) 6762 5210

Enrolment Form

Course in Counselling Studies (2008)

Please use a black pen

Full Name: _____ Date of Birth: _____

Title (Circle one): Ms Miss Mrs Mr Revd Dr other: _____

Postal Address: _____
Post Code: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Home Fax: _____ Work Fax: _____ Email: _____

Occupation/s: _____

Academic Records

School Standard Gained: _____ Year: _____

Tertiary Education (give standard reached, year and place of study): _____

Other Training Courses (give standard reached, year and place of study): _____

ACS Know Yourself Course at: _____ With: _____ Date: _____

Other Awareness Courses Completed (attach list of activities offered and benefits gained):

(NB Not all awareness courses are acceptable as alternatives to Anglican Counselling Service course)

Please use the reverse of this form and outline why you want to do this course.

How did you hear about our course? _____

If referred, by whom were you referred? _____

In enrolling for this course I understand and acknowledge that this course is not accredited by the NSW Department of Education or any other accrediting body.

Signature: _____ Date: _____

Return to: LRCCS Registrar PO Box 3052 Tamworth 2340
or Fax (02) 6762 5740