



HEALTH COACHING SUPERVISION TRAINING

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APPLICATION FORM

To apply to join our Health Coaching Supervision Training please complete and return this application form to support@peakhealthcoaching.com

APPLICANT INFORMATION

Full Name :

Organisation

Job Title:

Email : Work Tel:

ENTRY REQUIREMENTS

- I can confirm that I have completed a 4-day PCI accredited HWBC course and have attached my PCI certificate (if not undertaken with Peak Health Coaching)
- I can confirm that I have accumulated @300 hours of supervised health coaching in an NHS setting or equivalent*

*If you do not immediately meet this requirement you will need to have a conversation with one of our Directors to check for suitability and 'equivalence'. Further details can be found in the Information Pack.

APPLICATION DECLARATION

- I can confirm that I meet the entry criteria above
 - I can confirm that I am able to attend all of the training dates with appropriate online equipment
 - I can confirm that I have support from my manager to participate in the training
 - I can confirm that I have funding in place and invoices to be issued to:
 - I can confirm that I have coaching supervision in place or require our group supervision package**
- ** Please see our Information Pack for further details
- I can confirm that I accept the full terms and conditions of booking at www.peakhealthcoaching.com/bookingterms

Please sign and return this application form to support@peakhealthcoaching.com.

Applicant Signature

Date: / /

THANK YOU FOR YOUR APPLICATION

We will be in touch shortly to confirm your place on the course. Should you have any questions please contact support@peakhealthcoaching.com or call 0114 291 9137