



3 Dudley Road, New Brighton, CH45 9JP
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TRAINING WORKSHOPS APPLICATION FORM

CREATIVE PRACTICE TRAINING
 October 2016 []

Name		
Address		
Telephone		
Mobile		
Email Address		
DoB		
Gender		
Are you	A Qualified Therapist	
	MCTC Therapist	
	BACP Accredited	
	A Trainee Therapist	
Please tell us where you heard about MCTC		
I am applying for the following session(s) – please tick		
Session 1		
Session 2		
Session 2		
Session 4		
Session 5		
Session 6		

- I enclose a cheque for £30.00/£15.00 per session
- I enclose a cheque for £165.00/£75.00 for all 6 sessions
- I am paying by BACs (Ref: Your Name + Date(s) of Workshop(s))
A/C Number 65466689 Sort code 08-92-99
- Cheques payable to MCTC

Signed.....Date.....

Please send or email to:
MCTC Office, 3 Dudley Road, New Brighton, CH45 9JP.
angela@mctcwirral.org.uk



CANCELLATIONS

Cancellations up to 30 days prior to start of workshop
Cancellations 30-60 days prior start of workshop

Cancellations 60+ days prior to start of workshop

Full Ts and Cs on website

No refunds

50% (less deposit) refund unless we can fill your place from a waiting list

25% (less deposit) refund unless we can fill your place from a waiting list