

APPLICATION FORM 2010

www.luxcollege.com.au



Certificate in Personal Counselling

Instructions

Send this form with \$350 non-refundable deposit (incl GST)
to the address on the right.

Other fees and costs will be invoiced when they fall due

Make cheques payable to *The Lux College*

The Lux College

P O Box 289

East Melbourne, 8002

Sam's mobile: 0428 270 401

Fax: (03) 5427 0714

Email: Sam@luxcollege.com.au

Name in full _____

Address _____

_____ Postcode _____

Tel, fax, mobile _____

email _____

Biographical details *(answering these question is optional)*

Nationality _____ Country of birth _____

Marital status _____ Number of children _____

Date of birth _____ Professional qualifications _____

Any other important personal data _____

I wish to enter the Certificate in Personal Counselling for the semester commencing _____ 2010, for which I enclose/have paid a \$350 non-refundable deposit.

I wish to attend the Personal Growth Group. I will pay weekly/per semester.

Signed _____ Date _____

