Application Form: Personal Growth Course:

SURNAME:	
FIRST NAME:	
POSTAL ADDRESS:	
PHYSICAL ADDRESS:	
TEL. (h) code:	**(w) code:**
Cell:	**Email:**
DATE OF BIRTH:	**AGE:**
MARITAL STATUS:	**SEX:**
RELIGION:	
EMPLOYER:	
OCCUPATION:	
HOME LANGUAGE:	
PLEASE INDICATE YOUR PREFERENCE (Please Tick): ☐ **Morning** ☐ **Evening**	
Where did you hear about the course?	
Should you know anybody in Life Line, or somebody doing the course, please supply name/s:	
Are you currently on ANY medication we should be aware of? (Please Tick) ☐ **Yes** ☐ **No** **If "Yes", please specify:**	
Are you currently in psychotherapy/counselling? (Please Tick) ☐ **Yes** ☐ **No** **If "Yes", name of therapist:** **If "yes", we request a LETTER OF RECOMMENDATION from your therapist. YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT IT.**	
EMERGENCY CONTACT - Name: **Relationship:** **Tel. No:** **Cell:**	

AGREEMENT:

I agree that, if I am accepted onto the LifeLine Course, I am bound by the following conditions:
I shall:

1. Attend sessions on a regular basis;
2. Respect the confidentiality of the group sessions
3. Cover the full cost of the course fee.

Signed: …….. Date: ……