



Enrolment Application Form

Course Title Transactional Analysis in Psychotherapy Certificate Course – 2nd Cohort

Mr. / Miss. / Ms.	Name in English : (Surname)	Name in Chinese: (Forename)
HKID No.: (Only first 4 digits please) XXX (X)	Date of Birth:	
Tel. (Day):	Tel. (Night):	
Facsimile:	E-mail:	
Postal address:		

Practical Counselling Experience

Please list your current employment and positions you have held and you consider relevant to the program if applicable.

Employer	Duration: From / To	Position or Duties	Full or Part time

Payment (Please make cheque payable to *Gears & Associates Co., Ltd.*)

I hereby attach payment of course fees for the above selected modules(s) (Please)

Level I Level II Level III Level IV Level V All Levels

Amount : _____ Bank & Cheque No.: _____

Signature:	Date:
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