

Jung reading group

**Full Name**:

**Address**:

**Town**:

**Postcode**:

**Telephone**:

**Email**:

**Qualification**:

**Occupation**:

**Where did you hear about the course?**

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**What is your interest in joining the Jung Reading Group?**

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I certify that the information contained in this application is true and complete. On signing this application form, I confirm that I have read and understood the cancellation and refund policies.

**Signature**:

**Date**:

Please return the completed form electronically to Sandra Pereira, MSc, Post Graduate & Public Courses Officer at <SandraP@bpf-psychotherapy.org.uk>