



INSPIRATIONAL LIFE AND PROFESSIONAL COACH TRAINING: APPLICATION FORM

Course Start Date: _____

Choice of Programme: ILPC Master Coach
 ILPC Electives

Preferred Training Sessions:

Weekdays
 Weekend

Training Option Choice:

Direct in-person
 Distance
 In-house (groups of six or more)

First Name and Surname: _____ ID Number: _____

Title: Prof/Dr/Mr/Mrs/Miss: _____

Home Address: _____
 _____ Post code: _____

Postal Address: _____
 _____ Post code: _____

Home Phone: (____) _____ Business Phone: (____) _____

Mobile Phone: _____ Email: _____

Provide details of your present occupation:

Company Name	Job Title	How long employed	Level of job satisfaction (out of 10)
			/10

Please outline any relevant qualification, training or personal development experience and courses:

Please list a professional and personal reference with contact telephone numbers including area codes:

Personal reference: _____

Professional reference: _____

Electives

Should you wish to register for any of the ILPC electives, please list those electives below:

- 1. _____
- 2. _____
- 3. _____

Have you done coach training elsewhere?

(Please name the course and the year that you did the course):

What do you think your three main strengths would be if you were a coach?

- 1. _____
- 2. _____
- 3. _____

What do you think your three main areas for improvement would be if you were a coach?

- 1. _____
- 2. _____
- 3. _____

Why do you want to coach?

What do you hope to achieve from completing the ILPC Programme? (Please tick)

- Add coaching to my life skills
- Start a full time coaching practice
- Bring coaching skills to my work environment
- Start a part time coaching practice
- Other: _____

How did you first hear about the ILPC Training? _____

Have you been referred to do the Programme and if so, by whom? _____

Payment Details

Please indicate your method of payment:

EFT Bank Transfer Cheque Money/Postal Order

Discounted once-off:

Deposit: R 2 500,00

Balance R20 400,00

TOTAL: R22 900,00

Pay as you go:

Deposit: R 2 500,00

Monthly pay-off in four instalments: R 5 600,00

TOTAL: R24 900,00

Please make **cheques** payable to *The EPL Way*. See banking details below for **EFT payment** or transfer into *The EPL Way bank* account.

Banking Details:

Account Name: *The EPL Way*

Account Type: Cheque

Account Number: 401 036 901

Branch: 006 105

Bank: Standard

Please fax or email your completed application form to:

Fax: 011 726 2163

Email: dawie@eplway.co.za

If you have any questions, please email us at dawie@eplway.co.za or call our office on 011 726 7773.

See our web site: www.eplway.co.za.