A picture containing plant

Description automatically generated

**Clay Conversations**

Founder: Dr Lynne Souter-Anderson

lynne.souter-anderson@sky.com

***www.clayconversations.org***

**Practitioner Award in Clay Conversations – Level 5 (RQF), 2021 – 2022, Application Form**

Name:

Address:

Date of birth:

Phone No: Email:

Current occupation:

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| --- |
| Please share your experiences of using clay in whatever capacity: |

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| --- |
| Please share your experiences of helping/supporting others in aspects of well-being: |

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| --- |
| What appeals to you about the Award? |

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| --- |
| What do you hope to do upon successfully completing this Award? |

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| --- |
| Name and address of someone who will provide a reference on your suitability for the Practitioner Award in Clay Conversations. |

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| --- |
| Please indicate days and times that are best for an initial discussion on zoom  Monday Morning Afternoon Evening  Tuesday Morning Afternoon Evening  Wednesday Morning Afternoon Evening  Thursday Morning Afternoon Evening  Friday Morning Afternoon Evening  Saturday Morning |

How did you hear about or where did you see the course advertised?

Please write any notes here that you wish to be taken into consideration:

Signed ................................................................... Date ...............................................

Please return to lynne.souter-anderson@sky.com