

**Clay Conversations**

Founder: Dr Lynne Souter-Anderson

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 ***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 zoomMonday Morning Afternoon EveningTuesday Morning Afternoon EveningWednesday Morning Afternoon EveningThursday Morning Afternoon EveningFriday Morning Afternoon EveningSaturday 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