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Founder: Dr Lynne Souter-Anderson

***www.clayconversations.org***

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

**Date of course applying for:**

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: |

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

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

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

Signed: Date:

Please send completed application form to: [lynne@bctconsultancy.co.uk](mailto:lynne@bctconsultancy.co.uk)