

OASIS AFRICA

INSTITUTE OF PROFESSIONAL COUNSELING AND PSYCHOLOGY (OA-IPCP)

Excellence in Professional & Behavioral Healthcare

Mailing Address

Regent Court, Argwings Kodhek Rd, 4th Floor

P.O Box 76117-00508, NAIROBI, KENYA

Tel: (254) 020-2715023, 2721157 E-Mail: admin@oasisafrica.info

PROFESSIONAL COURSES IN COUNSELING REGISTRATION FORM

Please fill the registration form and return to Oasis Africa (main office) at Regent Court, Argwings Kodhek Rd 4th Floor, or mail it to the above address.

Please print neatly. Remember to attach copies of your certificates and letters of reference.

I. Details

Name _____
Surname first Name Middle Name

Address _____

Email _____

Phone No _____

Date of Birth: _____ **Age** _____ **Sex M/F** _____

II Educational Background

Please indicate all the schools, colleges, universities and professional schools attended, and the grade attained starting with the most recent.

INSTITUTION	DATES	CERTIFICATE/DEGREE

III. Courses in Psychology

Please write down all the courses in Psychology that you have taken and passed within the past nine years. Indicate **grade obtained** and **year** course was taken.

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____
- g) _____

IV Please tick to mark the course for which you are registering

COURSE	WEEKDAYS	COMBINING WEEKDAYS & SATURDAY
<input type="checkbox"/> Diploma in Counseling	<input type="checkbox"/> Mon, Wed & Thurs (4p.m-7p.m) <input type="checkbox"/> Full time block(1month) January, April, and December	<input type="checkbox"/> Fri (4p.m-7p.m) <input type="checkbox"/> Sat (8.30-4.30p.m-)
<input type="checkbox"/> Certificate in Counseling	<input type="checkbox"/> Full time 1 month: Mon – Fri (8:30a.m – 4:30p.m) <input type="checkbox"/> Part-time: (6months) Tues & Fri (4p.m-7p.m) <input type="checkbox"/> School Holidays: Block classes for Teachers and others	<input type="checkbox"/> Sat.(8.30-.a.m-4.30p.m)

V How does this course fit with your long-term goal?

Please, give names and addresses of three referees, and enclose their references. These should be your Church Pastor, someone who knows you academically, and someone who knows you socially.

Name	Address/Tel./Email.
1. _____	_____ _____ _____ _____
2. _____	_____ _____ _____ _____
3. _____	_____ _____ _____ _____

Your Signature _____ **Date:** _____

