# IGM_LOGO_RGB.jpgApplication to join Dream Group

## Applicant Information

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| --- | --- | --- | --- |
| Full Name: |  |  |  |
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|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City/County |  | Post Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

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Date course starts

Please write a short summary of any training or work experience that you have completed that has prepared you for working with dreams.

Dreams can unearth past memories. Please tell us what support will you have in place to care for yourself during the programme

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |