

SRI LANKA NATIONAL ASSOCIATION OF COUNSELLORS.

(Registered Social Service Organization)
No. 82, D. S. Senanayake Mawathe,
Borella, Colombo 08, Sri Lanka

Tel: 071- 089 8473



APPICATION FOR MEMBERSHIP

(Please type or fill in this form legibly)

1. Name:

2. Address:

3. Contact Details: Phone

E mail

4. Profession:

5. Date of Birth: Age:

6. Marital Status:

7. Academic Qualifications:

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8. Studies in Counselling:

Details of Courses:

Diplomas: Institutions:

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Degrees : Institutions:

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(PLEASE ATTACH COPIES OF ALL CERTIFICATES AND LETTERS OF AUTHENTICATION FROM THE RELEVANT UNIVERSITIES/ INSTITUTIONS)

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9. Experience in Counselling Practice

Name of Institution:

Address:

Telephone Number:

Duration:

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(PLEASE ATTACH A LETTER FROM THE RELEVANT INSTITUTION WITH WORK EXPERIENCE AND DURATION OF SERVICE)

10. Other Relevant Information:

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11. Referees: Name, Address, Designation, Place of work and Contact number

(a)

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(b)

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Signature:

Date:

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PLEASE NOTE THAT ALL COMPLETED APPLICATIONS NEED TO BE EMAILED TO –

info@srilnac.org AND NOT MAILED TO ANY POSTAL ADDRESS.

FOR OFFICE USE ONLY

Application Received On:

Considered by Executive Committee on:

Decision of Ex. Committee:

Applicant Informed on: