

SRI LANKA NATIONAL ASSOCIATION OF COUNSELLORS.

No.55/1, Chithra Lane, Colombo 05. Tel. 01125083987



APPLICATION FOR MEMBERSHIP

1. NAME:

2. ADDRESS:

3. CONTACT DETAILS: Home Office

E mail

4. JOB/PROFESSION:

5. DATE OF BIRTH: 6. RELIGION.....

7. MARITAL STATUS:

8. ACADEMIC QUALIFICATION:

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9. STUDIES/COURSE/DIPLOMA/DEGREE, IN COUNSELLING.....

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10. EXPERIENCE IN COUNSELLING PRACTICE (WHERE? / HOW LONG?)

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11. OTHER RELATIVE INFORMATION:

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12. REFEREES: (NAME & ADDRESS)

a).....

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b).....

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Signature:

Date:

FOR OFFICE USE ONLY

Application Received On:

Considered by Executive Committee on:

Decision of Ex. Committee:

Applicant Informed on:

*Does not apply to Founder Members.