Date:

**Membership Services**

BACP

BACP House

15 St Johns Business Park

Lutterworth

Leicestershire

LE17 4HB

Re: BACP Student Membership Application for \*

As a course tutor/administrator I can confirm that:

* Students Name: \*
* Course Title: Level 4 Diploma in Therapeutic Counselling - BACP Approved Practitioner Qualification (TC-L4)
* Course Duration: \*
  + Start Date: \*
  + End Date: \*
* Current Course Year: \*
* Teaching Delivery Method: % online & % face-to-face classroom tuition
* No. of Tutor Taught GLH’s \*

I can also confirm the above course includes a placement of a minimum 100 hours of supervised practice with direct clients integral to the course of which the majority are delivered face to face.\*

Kind Regards,

Course tutor/ administrator name: \*

Email: \*