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: \*
* Course Duration: \*
  + Start Date: \*
  + End Date: \*
* Current Course Year: \*
* Teaching Delivery Method: % online & % face-to-face classroom tuition

I can also confirm the above course includes a placement of a minimum100 hours of supervised practice integral to the course of which the majority are delivered face to face\*

Kind Regards,

\*

\*