



VRQ COUNSELLING COURSE REGISTRATION FORM

Please complete a separate form for each course and send it to the Subject Officer, A17, AQA, Stag Hill House, Guildford, GU2 7XJ, 28 days **prior** to the course start date.

1. Centre details

Centre name _____ Centre number

Course manager _____ Telephone number _____

Tutor(s) _____ Telephone number _____

Course address _____ e-mail: _____

2. Course details

Course units	Unit 1			Unit 2			Unit 3			Unit 4		
Unit code	V	C		V	C		V	C		V	C	
Examination series												

Course start date: Course end date:

Regular attendance details: Day Start time End time

Additional sessions: (state, Day School, Week-end, etc.)

Date Start time End time

Date Start time End time

3. Assessment plans

Use the following table to show dates when centre assessed work will be available for external verification.

	VC			VC			VC			VC		
	Day	Mnth	Yr	Day	Mnth	Yr	Day	Mnth	Yr	Day	Mnth	Yr
Journal												
Practical												
Essay												

Signed Date

Name in block capitals