

HEALTH COACHING SUPERVISION TRAINING APPLICATION FORM

To apply to join our Health Coaching Supervision Training please complete and return this application form to support@peakhealthcoaching.com indicating your preferred start date.

AVAILABLE DATES

Supervisor training is delivered in two modules over a total of 6 training days. The format of each module varies from full-day and shorter 3-hour trainer-led elements, alongside independent learner-led elements. Our next available course delivered via Zoom is as follows:

April 2025 Cohort

Module 1 - 1:1 Supervision

Session 1: 16th April 2025 (9.30am - 4.30pm)

Session 2: 30th April 2025 (9.30am - 12.30pm CPD)*

Session 3: 14th May 2025 (9.30am - 12.30pm session 1 follow up and skills practice)*

*Following the morning sessions above, participants will meet in Action Learning Groups (ALGs) 2.00pm-4.30 pm for peer-led support and supervision practice.

Module 2 - Group Supervision

Session 1: 18th June 2025 (9.30am - 4.30pm)

Session 2: 2nd July 2025 (9.30am - 12.30pm session 1 follow up and skills practice)*

Session 3: 16th July 2025 (9.30am -12.30pm CPD)*

*Following the morning sessions above, participants will meet in Action Learning Groups (ALGs) 2.00pm-4.30 pm for peer-led support and supervision practice.

To apply to join our next cohort of training please complete the application form overleaf...



Date:

HEALTH COACHING SUPERVISION TRAINING

APPLICATION FORM

APPLICANT INFORMATION

| Full Nam | ne : | | | | | | | |
|---|---|---|----------------|--|--|----------|-----------------------------|----|
| Organisa | ation | | | | | | | |
| Job Title | e: | | | | | | | |
| Email : | | | | | Work Tel: | | | |
| ENTR | Y REQ | UIREMENTS | | | | | | |
| | I can confirm that I have completed a 4-day PCI accredited HWBC course and have attached my PCI certificate (if not undertaken with Peak Health Coaching) | | | | | | | |
| | I can confirm that I have accumulated @300 hours of supervised health coaching in an NHS setting or equivalent* | | | | | | | |
| - | | ediately meet this requ 'equivalence'. Further d | - | | | with one | e of our Directors to check | |
| APPL | ICATIO | N DECLARATIO | ON | | | | | |
| | I can confirm that I meet the entry criteria abov | | re | I can confirm that I am able to attend all of the training dates with appropraite online equipment | | | | |
| | | irm that I have support to participate in the trai | - | | I can confirm that I have funding in place and invoices to be issued to: | | | |
| | | irm that I have coaching equire our group super\ | | | | | | |
| ** Please | e see our li | nformation Pack for furt | ther details | | | | | |
| | I can conf | irm that I accept the ful | l terms and co | onditions of b | ooking at www.pea | akhealth | ncoaching.com/bookingter | ms |
| TRAIN | NING D | PATES | | | | | | |
| Please i | indicate w | vhich cohort you will b | e attending: | | January 2025 | | April 2025 | |
| Please sign and return this application form to support@peakhealthcoaching.com. | | | | | | | | |
| | | | | | | | | |
| | | | | 24.5 | | | R YOUR APPLICATIO | |
| Applicant Signature | | | | We will be in touch shortly to confirm your place on the course . Should you have any questions please contact | | | | |

WWW.PEAKHEALTHCOACHING.COM