



Application for 2010/11 *Certificate in Counselling Skills

Name..... **Date of Birth**
Address.....
 **Post Code**..... **Nationality**.....
Telephone Number Day: **Evening:**
Mobile: **E-Mail:**

Education (include professional qualifications and any previous counselling related training):

Dates (from/to)	Names of establishment	Full or Part time?	No. hours tuition	Qualifications gained & Awarding Body

Relevant work experience (paid & voluntary) start with most recent:

Dates (from/to)	Name of Employer & nature of work	Paid or voluntary	Number of hours

Details of any personal counselling/therapy:

Dates (from/to)	Approximate number of hours	Counsellor Approach/Style

Please answer the following questions in support of your application (please use continuation sheets if necessary)

What personal and professional experiences have led you to apply now for this training course?

Tell us something about your life to date. Include information on any criminal convictions and/or psychiatric treatment as well as life and social history. This will be considered without prejudice to your application.

What are your **qualities, strengths and weaknesses** in relation to counsellor training?

Reflections on the course requirements and any difficulties you foresee in meeting them. Please think carefully about how you will fund your training and be specific about any problems you have with academic work. This will be considered without prejudice to your application and will enable us, in the case of academic problems, to offer you appropriate support.

How might your current thoughts, feelings and beliefs hamper you when working with a client whose background is different from your own?

I would like to be considered for the following days.

Please tick one box only as appropriate

Tuesday only

Saturday only

Don't mind

I confirm that to the best of my knowledge I am able to meet the course requirements and the information I have given on this form is accurate and not misleading. I have forwarded the reference forms to two referees.

Signature.....

Date:

Please return this form to the administrator at Inter-Psyche together with two passport sized photographs and a cheque to cover the application fee of £25.00, made payable to Kent & Medway NHS & SCPT. This will either be deducted from the course fees due or refunded if we are unable to offer you a place.

For office use only

App fee	Refs	Photos	
Int date	Offer	Accept	contract