



Application for Post-Graduate Certificate in Group Facilitation

Name..... **Date of Birth**

Address.....

..... **Post Code**..... **Nationality**.....

Telephone Number Day: **Evening:**

Mobile: **E-Mail:**

Education (include professional qualifications and previous counselling 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 including group work:

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

Please answer the following questions in support of your application:

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

How/in what context do you imagine you might use the training in groupwork?

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 enclose two passport sized photographs and have forwarded the Reference forms to two referees¹.

Name:

Signature..... Date:

Please return this form to the administrator at Inter-Psyche together with a cheque to cover the application fee of £25.00 made payable to Kent & Medway NHS & SCPT. This will either be deducted from the amount payable when you take up a place on the course or refunded if we are unable to accept you onto the course.

For office use only

App fee	Refs	Photos	
Int date	Offer	Accept	contract

¹ Applicants who have completed the Inter-Psyche Diploma in Integrative Counselling in the last 4 years need not supply references or passport photos and will not normally be interviewed.