

Application for 2017/18 Diploma Training Course

Full Name..... **Preferred Name**

Date of Birth **Nationality**.....

Address.....

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

Contact Numbers **Home:** **Mobile:**

E-Mail:

Where did you hear about this course? **Recommended** **BACP** **Internet Search**

Publication (Please state) **Other (Please state)**

I would like to be considered for the following days.

Please tick one box only as appropriate

Wednesday only **Friday only** **Either Wed or Fri**

*NB: Year 1 Wednesdays will lead to Year2 Thursdays and
 Year 1 Fridays will lead to Year2 Tuesdays*

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) starting 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)

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

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 and any disabilities that we should be aware of eg: dyslexia. 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 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, one of whom was my Certificate/Foundation course tutor.

I also confirm that I have transferred the application fee of £100.00 into the Account name: Kent and Medway NHS & SCPT, Sort Code: 30-91-60, A/ct No: 01183189, using the Ref: Dapp/NAME. I understand that £75.00 will be returned to me if I am not offered a place on the course.

Signature.....

Date:

Please return this form to the administrator at Inter-Psyche together with two passport sized photographs.

For office use only

App fee	Refs	Photos	
Int date	Offer	Accept	contract