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| **Application for 2024-2025 - Certificate in Counselling Skills** |

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| First Name: | | Enter first name | | Surname: | | Enter surname | | |
| Preferred Name: | | | Enter preferred name | Date of Birth: | Enter date of birth | | | Title: Mr Mrs Ms  Miss Dr |
| Address: | Enter address | | | | Nationality: | | Enter nationality | |
| Post code: | | Enter postcode | |

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| **Contact details** | | | |
| Home: | Click here to enter text. | Mobile: | Mobile Number |
| Email Address: |  | | |

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| **Where did you hear about this course** | | | | |
| Recommended | BACP | | Internet search | Publication (please state): Please state here |
| Other (please state) | | Please state here | | |

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| **I would like to be considered for the following days. Please tick one option only as appropriate** | | |
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| **Education (Include professional qualifications and any previous counselling related training)** | | | | |
| **Dates**  **(From/To)** | **Name of establishment** | **Full or Part time?** | **No. hours of tuition** | **Qualifications gained & award body** |
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| **Relevant work experience (paid & voluntary) starting with most recent:** | | | |
| **Dates**  **(From/To)** | **Name of Employer & nature of work** | **Paid or voluntary** | **Number of hours** |
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| **Details of any personal counselling/therapy:** | | |
| **Dates**  **(From/to)** | **Approximate number of hours** | **Counselling Approach/Style** |
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| **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.* |
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| **What personal and professional experiences have led you to apply now for this training course?** |
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| **What are your qualities, strengths and weaknesses in relation to counsellor training?** |
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| **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 care of academic problems, to offer you appropriate support** |
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| **How might your current thoughts, feelings, and beliefs hamper you when working with a client whose background is different from your own?** |
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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.

I also confirm that the application fee of £25.00 will be paid on receipt of the Invoice from Kent and Medway NHS & Social Care Partnership Trust. I understand that my application will not be processed, until payment has been received.

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| **Signature:** |  | **Date:** | Click here to enter a date. |

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

**For Office use only**

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| App fee | Refs | Photos |  |
|  |  |  |  |
| Int date | Offer | Accept | Contract |
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