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**TRAINING COURSE APPLICATION FORM**

Level 3 Certificate in Counselling Studies (CST-L3, CPCAB)

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| **PERSONAL DETAILS** |
| Surname: | First Name: | Title: |
| Previous Surname: | Preferred Name: |
| Address:Town/City:Postcode: | Tel No (Home): |
| Tel No (Mobile): |
| Email Address: |
| Nationality: | Date of Birth: |
| Occupation:Employer: | Part Time:Full Time: |
| Where did you hear about this course?: |
| Date of course applied for: |

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| **DETAILS OF LEVEL 2 COUNSELLING TRAINING COURSE UNDERTAKEN** |
| Course  | Training Centre | Awarding Body | Completion Date | No. of Guided Learning Hours |
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| **EDUCATION**(Original documents as proof of qualification may be required at interview) |
| School / College / University | Dates | Examinations Taken | Date | Result |
| From | To |
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| **PROFESSIONAL QUALIFICATIONS CURRENTLY HELD** |
| Qualification  | Where Obtained | Awarding Body | Grade |
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| **OTHER RELEVANT EDUCATIONAL OR TRAINING COURSES** |
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| **EXPERIENCE, TRAINING AND SUPPORT** |
| 1. Please reflect on your experience of the group dynamics on your Level 2 course, and what you role found yourself undertaking in the group
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| 1. Please reflect on your experience and capacity to complete the written work involved in the Level 2 Counselling course
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| 1. How would you describe your strengths and weaknesses during Level 2 skills sessions?
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| 1. Thinking about the practical and emotional support you may need whilst undertaking this course. Please give some details of who you would be able to discuss your progress with who can support, encourage and care for you?

Additionally, how do you resource yourself? |
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| 1. We recognise that faith and spirituality is an important aspect in many people’s lives and can provide huge emotional resource. Please share some reflections on how you connect with this personally.
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| 1. Any other relevant information:
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| **ADDITIONAL INFORMATION**  |
| 1. Have you had experience of personal counselling in the past? Yes / No
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| 1. Have you had counselling from a Willows counsellor, trainer or member of staff? Yes / No
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| If you have answered yes, please give the following details:Counsellor’s Name: Concluded or Ongoing:Duration of therapy:Date therapy ended: |
| 1. It is important for us to be aware of any duel relationships or conflicts of interest. As such, please detail below personal and/or professional relationships you have with any Willows staff, Willows Counsellor and/or Willows Trainer:
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| 1. Please give details of any physical or mental health conditions, issues and diagnosis which you feel we should be aware of, or may impact your ability to take part in the course
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| 1. Please list any additional needs you may need support with e.g. mobility, sight, hearing, dyslexia, other specific learning difficulties etc
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| 1. This course may require a Disclosure and Barring Check (DBS). Please list any criminal convictions
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| 1. Are you listed on any of the barring lists for working with children or vulnerable adults or on the sex offenders register? Yes / No
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| If yes, please give some details: |

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| **TRAINER REFERENCE** |
| Please give the name and contact details of a trainer from a previous course who can be contacted to give a reference for you.  |
| Full Name: |  |
| Address: |  |
| Email Address: |  |
| Telephone Number: |  |
| Relationship: |  |
| Training Centre: |  |

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| **DECLARATION** |
| I declare that the information given in this application form is true and complete. |
| Signed: | Date: |
| I declare that should I be offered and accept a place on this course, **I am committing to paying the full course fee**, regardless of whether I finish / pass the course. |
| Signed: | Date: |

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| **PRE COURSE ESSAY** |
| Please use this section to write a pre course essay. This forms part of the pre-interview selection process.Reflecting on your life experiences, background and relationships. You should identify areas of self-awareness, your motivation for applying for this course, and describing what you feel you bring to counselling. This should be 1500 – 2000 words. Please include a word count |
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