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| **COSCA Certificate in Counselling Skills** Application Form 2024 - 2025 |
| **TITLE:** | **FIRST NAME(S):** | **SURNAME:** | **D.O.B:**  |
| **ADDRESS:** | **POST CODE:** |
| **TELEPHONE NUMBER:** | **EMAIL:** |
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| **IS ENGLISH YOUR FIRST LANGUAGE?** *(*English for speakers of other languages must be at: IEL TS Academic module (not General Training): overall score 6.0, with no single element less than 5.5 is required) | **YES/NO** |
|  | **[PLEASE TICK ✓]** |  | **[PLEASE TICK ✓]** |
| **I am applying for all four Modules:** |  | **I am applying for:** | **Module 1:** |  |
| **Module 2:** |  |
|  |  | **Module 3:** |  |
| **Module 4:** |  |
| **CURRENT OCCUPATION AND EMPLOYMENT:** |
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| **PART-TIME / VOLUNTARY WORK EXPERIENCE (if applicable)** |
| **DATES:** | **ORGANISATIONS:** | **EXPERIENCE:** |
| **PLEASE LIST ANY OTHER RELEVANT QUALIFICATIONS:** |
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| **PERSONAL EXPERIENCE OF UNDERTAKING COUNSELLING/PSYCHOTHERAPY:** |
| **PERSONAL STATEMENT** *Please supply on separate sheets, a description (maximum of 500 words) of what your persona /professional experience and aspirations which motivates you to take this course. Please include any other information relevant to your application.* |
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| **PLEASE GIVE DETAILS OF ANY HEALTH ISSUE, DISABILITY OR SPECIFIC LEARNING DIFFICULTY (E.G. DYSLEXIA, DYSPRAXIA) WHICH MAY REQUIRE APPROPRIATE ADJUSTMENTS TO BE MADE TO ASSIST AND/OR SUPPORT YOU IN UNDERTAKING YOUR TRAINING:** *(Applicants are encouraged to make their needs known in their application form and at interview so that the Centre can best respond in terms of appropriate support and advice)* |
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| **WHERE DID YOU LEARN ABOUT THIS COURSE:** |
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| **REFERENCES - Please provide names and contact details of two referees who know your work and potential to train as a counsellor:** *(The first reference should be someone who has been your trainer, teacher or manager and the second one may be a professional colleague who knows you personally. Both references cannot be from the same organisation)* |
| **REFERENCE:** |
| **Name:** |
| **Position/Occupation:** |
| **Relationship To You:** |
| **Email:** |
| **Phone Number** |
| **Address:** | **Post Code:** |
| **DECLARATION:** *I confirm that all the information contained in this application is correct and to the best of my knowledge.* |
| **SIGNATURE:** | **DATE:** |
| **PLEASE RETURN THIS FORM TO:** **admin@garnethillcentre.org.uk** |