|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Diploma in Psychodynamic Counselling** Application Form 2024 - 2026 | | | | | | | | | | | | |
| **TITLE:** | **FIRST NAME(S):** | | | | | **SURNAME:** | | | | | **D.O.B:** | |
| **ADDRESS:** | | | | | | | | | **POST CODE:** | | | |
| **TELEPHONE NUMBER:** | | | | | **EMAIL:** | | | | | | | |
|  | | | | | | | | |  | | | |
| **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** | |
| **CURRENT OCCUPATION AND EMPLOYMENT:** | | | | | | | | | | | | |
| **RELEVANT PROFESSIONAL AND EDUCATIONAL QUALIFICATIONS AND EXPERIENCE:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **COUNSELLING TRAINING** | | | **[PLEASE TICK]** | | | |  | | | | | |
| I have completed the COSCA Certificate in Counselling Skills. | | |  | | | | **Institution where the COSCA Certificate or modules were completed:** | | | | | |
| I have not completed the COSCA Certificate but have completed equivalent work for which I have documentary evidence and request APL/APEL. Please send me the Supplementary Application Form. | | |  | | | |  | | | | | |
|  | | | | | | | | | | | | |
| **COUNSELLING WORK EXPERIENCE (if applicable)** | | | | | | | | | | | | |
| **DATES:** | | **ORGANISATIONS:** | | | | | | | | **EXPERIENCE:** | | |
| **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.* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **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)* | | | | | | | | | | | | |
|  | | | | | | | | |  | | | |
| **PLEASE INDICATE YOUR UNDERSTANDING OF THE EMOTIONAL DEMANDS OF THE COURSE AND COMMENT ON YOUR ABILITY TO MANAGE THESE DEMANDS:** | | | | | | | | | | | | |
|  | | | | | | | | |  | | | |
| **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 1** | | | | | | | | **REFERENCE 2:** | | | | |
| **Name:** | | | | | | | | **Name:** | | | | |
| **Position/Occupation:** | | | | | | | | **Position/Occupation:** | | | | |
| **Relationship To You:** | | | | | | | | **Relationship To You:** | | | | |
| **Email:** | | | | | | | | **Email:** | | | | |
| **Phone Number** | | | | | | | | **Phone Number** | | | | |
| **Address:** | | | | **Post Code:** | | | | **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**](mailto:admin@garnethillcentre.org.uk) | | | | | | | | | | | | |