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| Charity No. 1037677  | Willows Counselling Service 11 Prospect Place, Old Town, Swindon, SN1 3LQ Tel: 01793 426650 www.willowscounselling.org.uk  Patron: Baroness Jill Pitkeathley |

**TRAINING COURSE APPLICATION FORM**

**Level 5 Course in Trauma Counselling**

*Please complete in full either typed or in black ink.*

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| **PERSONAL DETAILS**(BLOCK CAPITALS PLEASE) |
| Surname: | First Name: | Title: |
| Previous Surname: | Preferred Name: |
| Address:Town/City:Postcode: | Tel No (Home): |
| Tel No (Mobile): |
| Email Address: |
| Nationality: | Working in Agency?: Private Practice?: |
| No. of years in clinical practice?: | No. of counselling hours post Diploma?: |
| Where did you hear about this course?:  |

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| **CURRENT COUNSELLING ROLE** |
| Agency / Practice Name:Role held: | Address: |
| Date Commenced: | Hours per week: |

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| **ACCREDITATION / REGISTRATION** |
| Accreditation / Registration | Awarding Body | Date | Expiry Date |
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| **DETAILS OF COUNSELLING TRAINING COURSE UNDERTAKEN** (Levels 2, 3, 4, 5, Degree etc) |
| Course  | Training Centre | Awarding Body | Date | Guided Learning Hours |
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| **ADDITIONAL PROFESSIONAL QUALIFICATIONS CURRENTLY HELD** |
| Qualification  | Where Obtained | Awarding Body | Grade |
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| **OTHER RELEVANT EDUCATIONAL OR TRAINING COURSES** |
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| **BACKGROUND INFORMATION AND SUPPORT** |
| 1. Please give some details of your personal background, which may be relevant to counselling training including family background, relationships etc
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| 1. We recognise that faith and spirituality is an important aspect in many people’s lives. Please share some reflections on how you connect with this personally.
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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?
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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?
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| Yes / NoIf yes, please give some details: |
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| 1. Please detail any current medication you are on as well as all physical or mental health issues and diagnosis
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| 1. Please list any additional needs you may need support with e.g. mobility, sight, hearing, dyslexia 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?
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| Yes / NoIf yes, please give some details: |
| 1. Any other relevant information:
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| **REFERENCE** |
| Please give the name and contact details of your clinical supervisor who will be contacted and asked to provide a reference for you.  |

**Supervisor Referee**

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| Full Name: |  |
| Address: |  |
| Email Address: |  |
| Telephone Number: |  |
| Length of supervisory relationship: |  |
| Supervisor’s modality: |  |

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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 the course. The course fee is non-refundable. |
| Signed: | Date: |

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| **PRE COURSE ESSAY**(Please use this section to write a pre course essay, reflecting on your clinical experience and motivation to apply for this course. This should be approx. 1000 words)  |
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