|  |  |
| --- | --- |
| 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 3 Course in Integrative Counselling**

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

|  |  |  |
| --- | --- | --- |
| **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: | National Insurance No: | |
| Occupation: | Part Time:  Full Time: | |
| Where did you hear about this course?: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DETAILS OF LEVEL 2 COUNSELLING TRAINING COURSE UNDERTAKEN** | | | | |
| Course | Training Centre | Awarding Body | Date | Guided Learning Hours |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDUCATION**  (Original documents as proof of qualification may be required at interview) | | | | | |
| School / College / University | Dates | | Examinations Taken | Date | Result |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROFESSIONAL QUALIFICATIONS CURRENTLY HELD** | | | |
| Qualification | Where Obtained | Awarding Body | Grade |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **OTHER RELEVANT EDUCATIONAL OR TRAINING COURSES** |
|  |

|  |
| --- |
| **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 |
|  |
| 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. |
|  |
| 1. If you attend a church, which do you attend and how long have you been a member? |
|  |
| 1. Is your church supporting you undertaking this training? - |
| In principle?  In prayer?  Financially?  Practically? |
| 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? |
|  |

|  |
| --- |
| **ADDITIONAL INFORMATION** |
| 1. Have you had experience of personal counselling in the past? Yes / No |
| 1. Have you had counselling from a Willows counsellor, trainer or member of staff? |
| Yes / No  If yes, please give some details: |
|  |
| 1. Please detail any current medication you are on as well as all physical or mental health issues and diagnosis |
|  |
| 1. Please list any additional needs you may need support with e.g. mobility, sight, hearing, dyslexia etc |
|  |
| 1. This course may require a Disclosure and Barring Check (DBS). Please list any criminal convictions. |
|  |
| 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  If yes, please give some details: |
| 1. Any other relevant information: |
|  |

|  |
| --- |
| **REFERENCES** |
| Please give the name and contact details of a trainer from a previous course who can be contacted to give a reference for you. We would also like you to provide details of someone who can give testament to your suitability to this type of course (this could be a vicar, leader, priest, minister, line manager or someone who knows you well. It cannot be a family member) |

**Trainer Referee**

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
| Email Address: |  |
| Telephone Number: |  |
| Position Held: |  |
| Training Centre: |  |

**Personal Referee**

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
| Email Address: |  |
| Telephone Number: |  |
| Relationship: |  |
| Years known: |  |

|  |  |
| --- | --- |
| **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. | |
| Signed: | Date: |

|  |
| --- |
| **PRE COURSE ESSAY**  (Please use this section to write a pre course essay, reflecting on your life experiences and describing what you bring to counselling. This should be approx. 1500 – 2000 words) |
|  |