Shape

Description automatically generated with medium confidenceReturn form to:

Mary Ward Centre, Counselling Department

[counselling@marywardcentre.ac.uk](mailto:counselling@marywardcentre.ac.uk)

### Application Form for level 2 Introduction to Counselling (30 hours)

### And level 3 Counselling Skills (150 hours).

If you are applying for both courses you need to fill in only one application form.

The information you give on this form is to help assess the appropriateness of this course to your needs. All information you give will be treated as confidential and only seen by relevant Mary Ward Centre staff.

Please indicate by a tick which course or courses you wish to apply for

Level 2 Introduction to Counselling…………………..

Level 3 Diploma in Counselling Skills………………..

Both ……………….....

When do you want to do the course?

DAYTIME……………. EVENING…………

Name ……………………………………………………………………………………………………...

Address …………………………………………………………………………………………………...

…………………………………………………………………………………………….……………….

Telephone number Day …………………………………… Evening ………………………………..

Mobile number …………………………………………………

Email address…………………………………………………..

**Why do you want to do this course?**

**Please give details of previous counselling skills training if you have done any.**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | INSTITUTION AND TUTORS NAME | NUMBER OF HOURS | AWARD (IF ANY) |
|  |  |  |  |

**and / or please give details of counselling work or voluntary work you have undertaken presently or in the past.**

**Give a brief outline of your education and qualifications.**

|  |  |  |
| --- | --- | --- |
| DATE | NAME OF QUALIFICATION | AWARDING BODY/ QUALIFICATION |
|  |  |  |

**Give a brief outline of your work history**.

|  |  |  |
| --- | --- | --- |
| DATE  (FROM – TO) | JOB TITLE | EMPLOYER |
|  |  |  |

**Briefly describe a difficult situation in your life, and how you got through it.**

**Briefly describe a positive experience you have had. What have you learned from it?**

**What support system do you have which will help you complete this course?**

**Are you in or have you had counselling or mental health support for yourself? Please give details.**

**Are you on medication at the moment? If so, what is it? Who prescribed it?**

**Tell us about how you use alcohol and non prescribed drugs.**

Disclosure of any information below does NOT automatically exclude you from obtaining a place on this training. However failure to disclose any such information may result in the refusal or termination of a place on the course.

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act of 1974?

NO YES (if so please declare on an attached statement)

Are there any other factors which could call into question your suitability for doing this course eg personal or professional factors?

NO YES (if so, please declare on attached statement

**We want to ensure that you are successful on your course, please answer the following question.**

**Do you have any additional needs or disabilities that we should know about- eg a disability affecting mobility that could affect access to classroom, a learning difficulty such as dyslexia, or any other support needs?**

(Signed)………………………………………………….. Date…………………………………