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| **Name:**  **Date of birth:** |

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| **Telephone: Home: Permission to contact: Y/N**  **Mobile: Permission to contact: Y/N**  **Work: Permission to contact: Y/N**  **Email: Permission to contact: Y/N**  (this should be accessible confidentially) |

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| **Address:**  **Postcode:** |

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| **Occupation:** |

**Please answer the following questions as fully as you can.**

**The information you provide will be treated as confidential. If accepted onto our training, this form will be kept on your file until you leave CCF.**

**If you are not accepted, this form will be confidentially and securely destroyed.**

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| 1. **Please say why you would like to take this course (please provide as much details as possible)** |
| 1. **What hopes and expectations do you have in relation to this course?** |
| 1. **Please provide details of any previous counselling, or related training, including dates and attach copies of your certificates. If an external counselling course has been undertaken, please provide additional details, including an overview of the course content and teaching hours.** |
| 1. **What were the highlights and challenges in any previous counselling courses taken, or related, training?** |
| 1. **Is there anything that could affect you attending weekly face to face training?** |
| 1. **Have you ever received counselling/therapy yourself, or are you currently in personal therapy? If yes, please provide details below including modality (e.g psychodynamic, CBT, integrative):**   **Name of therapist(s):**  **Date(s) to and from:**  **Frequency of sessions:** |
| 1. **Have you had any significant illness during the last two years that has required treatment or medication?** |
| 1. **Have you ever suffered from any mental health issues or received help from specialist services? If yes, please provide details:** |
| 1. **What would you rate as the most significant experiences in your life and how do you feel about them?** |
| 1. **Have you had any experience in working with vulnerable individuals (in a paid or voluntary capacity) or any other experiences in life or work that you feel are relevant to your application? If yes, please provide details:** |
| 1. **What are your interests and activities outside of work?** |
| 1. **What are your expectations of becoming a psychodynamic counsellor?** |
| 1. **Do you have any connection with anyone currently working/studying at CCF or applying for any of our training courses? If yes, please give details:** |
| 1. **Do you have any additional support/learning needs?** |
| 1. **Do you have any previous criminal convictions? If yes, please provide details:** |
| 1. **Where did you hear about this course?** |
| **17. If you completed the Diploma in Counselling Skills Course at CCF, have you met the minimum attendance requirement in order to apply for this course?** |
| **To the best of my knowledge and belief all the information given in this application is true and I have read and understood the Privacy Statement:**  **Signed:**  **Name:**  **Date:** |

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| **Chelmsford Counselling Foundation reserves the right to cancel the course should it not be financially viable.** |

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| **Chelmsford Counselling Foundation is committed to working towards equality of opportunity, and the requirement to make appropriate and sufficient reasonable adjustments to create a suitably supportive learning environment for applicants with special learning needs.**  **Applicants should discuss any additional information that may be relevant to their application and training experience at interview.** |