**APPLICATION FORM OCTOBER 2024**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email...................................

Title of Course: **Certificate in Therapeutic Counselling Supervision –**

**Level 6 (CPCAB): ONLINE**

Previous Counselling Qualifications Achieved

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| --- | --- | --- |
| **Year (from – to)** | **College/University & Awarding Body** | **Grade** |
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**Counselling Experience (begin with the most recent first)**

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| --- | --- | --- |
| Year (from – to) | Employer’s name and address | Roles and Responsibilities |
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**Please indicate below the CPD events you have undertaken in the last year.**

**References**

Please name two people we can contact for a reference. One must be from your current supervisor.

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Contact details including email address and tel no)**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Contact details including email address and tel no)**

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|  **Personal Statement** Here outline your reasons for choosing this course. Describe how you have prepared for the course (this can be in relation to previous training and work and/or personal counselling and/or reading). |

Please send your completed application form to independentcounsellingtraining@gmail.com

We process your information in alignment with GDPR 2018 principles for the purpose of providing training. This information will be kept securely and destroyed at the end of the training. Should you wish to no longer receive emails from us about our training then please let us know.