

**Advanced Certificate in**

**Counselling Skills 2020-21**

(Quality Checked by the National Counselling Society)

**APPLICATION FORM**

Please return the completed form to the Training Co-ordinator, at:

**Network Counselling and Training**

**Elm Park, Filton, Bristol BS34 7PS**

or **sue.woodhead-marsh@network.org.uk**

**Closing date for applications Thursday 9th April 2020**

 **1 General information**

|  |  |
| --- | --- |
| **Full name**:  |  |
| **Title**:  | Mr/Mrs/Miss/Ms/Dr /Other |
| **Address:**  |  |
| **Post code**: |  |
| **Telephone:**  |  |  |
| **E-mail:**  |  |
| **Date of birth**:  |  |
| **Present occupation:** |  |

### How did you *first* hear about Network/Network courses?

### *Please be as specific as you can – your reply will help us with marketing.*

# Network Counselling & Training Ltd

**Telephone: 0117 9507271 Email: training@network.org.uk**

**Registered charity no: 292801 Limited company no: 2280871**

 **2 Educational history**

Please give details of your educational history, including GCSEs (or equivalent), Highers or A levels (or equivalent) obtained.

 **3** **Other qualifications**

Please give details of any other relevant qualifications you hold (i.e. qualifications related to listening, counselling or caring work of any kind such as pastoral care, social work, etc.)

 **4 Occupational history**

Please give details of any past or present occupations highlighting any which have involved listening, counselling or caring work of any kind.

 **5 Previous listening or counselling training**

Please give details of any previous listening or counselling training you have done. Include the following information:

* Name of training organisation(s).
* Dates of training course(s).
* Nature of the course(s) and brief description of course content.
* Number of hours in training.
* Your reactions to your previous training (e.g. What did you feel you learnt from the training?).
* In what ways was it a positive or negative experience for you?
* How did it affect your motivation and decision to apply for counselling training?

 **6 Listening/counselling experience**

Please give details of any experience you have had of using listening and/or counselling skills either in your work or in any other setting.

 **7 Experience of being counselled**

If you are in counselling now or have been counselled in the past, please include your reflections on your experience and what you have learnt from it.

 **8 Your spiritual journey**

Please outline your spiritual journey, focusing particularly on the past two or three years.

 **9 Reasons for applying**

Please state your reasons for wanting to undertake this particular course at this point in your life.

 **10 The challenges you will face**

What will be the main challenges for you in undertaking this course of study?

 **11 Special learning or access requirements**

Please tell us about any special requirements you may have.

 **12 Autobiographical essay**

Please submit with your application an autobiographical sketch of yourself which focuses on the way in which your past experiences have shaped the person you are. Include your reflections on what you feel you would bring to the course, on the particular strengths, skills and gifts you have which you feel would be of value in the role of counsellor and on the ways in which you consider yourself to have grown and developed of late. (Minimum length: 1000 words.)

 **13 Other supporting information**

Please give details of any other information which you feel may be helpful to us.

 **14 References**

Please supply the names and addresses of two referees.

You may submit two personal references or one personal reference and one reference from a listening/counselling training course tutor.

Where appropriate, one of the references may be from someone who is in a position to comment on your spiritual journey.

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| --- |
| Referee 1 |
| **Name:**  |  |
| **Address:**  |  |
| **Post code**: |  |
| **Telephone:**  |  |  |
| **E-mail:**  |  |
| **Relationship to applicant:** |  |

|  |
| --- |
| Referee 2 |
| **Name:**  |  |
| **Address:**  |  |
| **Post code**: |  |
| **Telephone:**  |  |  |
| **E-mail:**  |  |
| **Relationship to applicant:** |  |

**Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**