

**Advanced Certificate in**

**Counselling Skills 2024-25**

(Quality Checked by the National Counselling & Psychotherapy 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 training@network.org.uk

**Closing date for applications: Monday 13 May 2024 (9am)**

 **1 Personal 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** **Qualifications**

|  |
| --- |
| Outline the educational and occupational/vocational qualifications you hold. |
|  |

 **3 Previous listening or counselling training**

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| Give details of any previous listening or counselling training you have done, including the following information:* Name of training organisation(s).
* Dates of training course(s).
* Title of training course(s)
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|  |

 **4 Occupational history**

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| Outline your most recent occupational history |
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 **5 Listening/counselling experience**

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| Give details of any experience you have had of using listening and/or counselling skills either in your work or in any other setting – if not included in 4. |
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 **6 Experience of being counselled**

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| Have you ever undertaken your own personal counselling? |
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 **7 Spirituality/Faith**

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| --- |
| To what extent does spirituality/faith play a part in your life? |
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 **8 Special learning or access requirements**

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| Please tell us about any special requirements you may have. |
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 **9 Autobiographical essay**

Please submit with your application (*separate document*) an autobiographical sketch of yourself which focuses on the way in which your past experiences have shaped the person you are, including how you consider you have grown and developed in recent years. (Minimum length: 1000 words.)

 **10 Other supporting information**

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| --- |
| Please provide details of any other information which you feel may be helpful to us. |
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**11 Course Fees**

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| --- |
| Are you in a position to meet the financial requirements of the course? If not yet, what plans are you putting into place to achieve this? |
|  |

**12 References**

Please supply the names and addresses of two referees.

One must be a training reference from a course tutor if you have undertaken a listening/counselling course in the last three years.

The second (or both if a training reference is not applicable) can be a personal reference – from someone who knows you well, but is not a family member.

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| --- |
| **Referee 1** |
| **Name:**  |  |
| **Telephone:**  |  |  |
| **E-mail:**  |  |
| **Relationship to you:** |  |

|  |
| --- |
| **Referee 2** |
| **Name:**  |  |
| **Telephone:**  |  |  |
| **E-mail:**  |  |
| **Relationship to you:** |  |

|  |  |
| --- | --- |
| **Signature of applicant** |  |

|  |  |
| --- | --- |
| **Date of application** |  |

**13 Equal Opportunities Monitoring**

Network strives to be an open, welcoming, inclusive organisation that does not discriminate either directly or indirectly. The information you give us on this form helps us to monitor how inclusive and accessible our training programme is, and will help us to make adjustments based on fact rather than assumption. Please be assured that this information will be used for monitoring purposes only and is completely confidential.

**Please indicate your faith background**

Buddhist

Christian

Hindu

Islamic

Jewish

Sikh

Spiritual

Other (please specify)

**Please indicate your ethnic origin or cultural background**

Asian

Asian British

Black

Black British

White British

White Other

Other

If you would like to be more specific about your ethnic origin, please say more below:

**Do you consider yourself to have a disability?**

No

Learning disability or difficulty

Long-term illness

Mental health condition

Physical impairment

Sensory impairment

Other (please specify)

DATA PROTECTION CONSENT FORM

In line with GDPR data regulations, Network Counselling and Training Ltd is required to obtain your consent to our continuing to hold information about you. The personal information we hold about you is: name, address, telephone number and email address. Your personal data is shared only within the staff of Network Counselling and Training in order to manage and maintain our training provision. It will never be shared with anyone else.

**You have the following rights:**

* The right to access a copy of personal data which Network Counselling and Training holds;
* The right to request that Network rectifies or corrects any personal data if it is found to be inaccurate or out of date;
* The right to request that your personal data is erased. However if we are unable to retain certain elements of your personal data, we may no longer be able to provide you with training.
* The right to restrict or object to our processing information about you, e.g. for statistical or marketing purposes;
* The right to lodge a complaint with the Information Commissioners Office.

By agreeing and signing below, you are giving your consent, to Network holding your information, which we use to enable your training experience, and to maintain our statistics.

Signed: …………………………………………… Name (printed): ………………………………………………….