 

**Advanced Diploma**

**in Counselling 2024-26**

Accredited by the

British Association of Counselling and Psychotherapy

***External Application Form***

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

**Network Counselling &Training**

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

or**training@network.org.uk**

**Closing date for applications: Tuesday 30 April (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. |
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**3 Previous certificated counselling training**

Please log here any previous counselling training you have completed which is certificated (that is, formally assessed and resulting in a qualification or award of credit). For each training course you have completed, you will need to provide evidence of successful completion in the form of a certificate, academic transcript or a formal letter from the institution confirming the information given below.

|  |  |
| --- | --- |
| PROGRAMME 1 |  |
| Name of training institution/organisation: |  |
| Course title: |  |
| Validating/accrediting body:  |  |
| Level of course (i.e. NQF levels 2, 3 or 4 or FHEQ Level 4):  |  |
| Qualification achieved |  |
| Length of course |  |
| Date of completion:  |  |
| Number of training hours (i.e. class contact hours):  |  |

|  |  |
| --- | --- |
| PROGRAMME 2 |  |
| Name of training institution/organisation: |  |
| Course title: |  |
| Validating/accrediting body:  |  |
| Level of course (i.e. NQF levels 2, 3 or 4 or FHEQ Level 4):  |  |
| Qualification achieved |  |
| Length of course |  |
| Date of completion:  |  |
| Number of training hours (i.e. class contact hours):  |  |

|  |  |
| --- | --- |
| PROGRAMME 3 |  |
| Name of training institution/organisation: |  |
| Course title: |  |
| Validating/accrediting body:  |  |
| Level of course (i.e. NQF levels 2, 3 or 4 or FHEQ Level 4):  |  |
| Qualification achieved |  |
| Length of course |  |
| Date of completion:  |  |
| Number of training hours (i.e. class contact hours):  |  |

**4 Occupational history**

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| Please give details of any past or present occupations, highlighting any which have involved listening, counselling or caring work of any kind. |
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***NB The following sections 5-10 are designed for us to get to know a little more about you. Please answer them as fully as possible.***

**5. Your response to previous counselling training**

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| --- |
| Reflect on your reactions and responses to your previous counselling training. Identify any aspects of your previous training which you found particularly difficult or challenging. |
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**6 Your response to the Person-Centred approach**

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| --- |
| The training at Network is fundamentally Person-Centred. Please describe what draws you to this particular approach, and any key concepts and theoretical ideas that have particularly influenced you. |
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**7 Your strengths and areas for development as a counsellor**

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| --- |
| Identify your strengths as a developing counsellor, and how you see your key areas for further development. |
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**8 Experience of being counselled**

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| --- |
| If you are in counselling now, or have been counselled in the past, please include your reflections on your experience and how you have grown from it. |
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**9 Faith/Spirituality**

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| --- |
| Please tell us something about your faith/spirituality and its place in your life, focusing particularly on the past two or three years |
|  |

**10 The challenges you will face**

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| What will be the main challenges for you in undertaking this course of study? |
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**11 Specific access and/or learning needs**

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| Please tell us about any specific needs you may have. |
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**12 Self-reflective essay**

**PLEASE SUBMIT THIS INFORMATION AS A SEPARATE DOCUMENT**

Please submit with your application a piece of reflective writing which focuses on the way in which your past experiences have shaped the person you are now. Include your reflections on the way in which you have grown and developed both personally and professionally as a result of your previous counselling training. (Word count: 1500 – 2000 words.)

**13 Audio or audio visual recording**

**PLEASE SUBMIT THIS INFORMATION AS A SEPARATE DOCUMENT**

A recording (audio or audio-visual) of a short counselling session (minimum length 30 minutes)

**14 Theoretical essay**

**PLEASE SUBMIT THIS INFORMATION AS A SEPARATE DOCUMENT**

***For those students who do not already have a Level 4 Higher Education qualification***, a theoretical essay from your previous, certificate level, training

**15 Other supporting information**

**PLEASE SUBMIT THIS INFORMATION AS A SEPARATE DOCUMENT**

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

**16 References**

Please supply the names and addresses of two referees as follows:

**REFEREE 1: A tutor from a previous counselling course**

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |  |
| Email |  |
| Relationship to applicant |  |

**REFEREE 2: Personal reference**

*If you have any previous experience of using listening/counselling skills, ideally this would be a reference from your supervisor or line manager.*

*Otherwise this person should be someone who knows you well, but is not a family member.*

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |  |
| Email |  |
| Relationship to applicant |  |

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

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

**16 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): ………………………………………………….