

**Diploma in Islamic Counselling**

## Application Form

## PERSONAL DETAILS

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| **Title and Name (This has to be your legal name as this will appear on the Diploma Certificate)** | | | | |
| **Title** |  | **Surname** |  | |
| **First Names** |  | | | |
| **Present Address** |  | | | |
| **Postcode** |  | | | |
| **Contact information** | | | | |
| **Please include a scanned copy of your passport to verify your identity** | | | | |
| **Home** |  | **Work** | |  |
| **Mobile** |  | **Email** | |  |
| **Please specify which of the above is the best way to contact you quickly:** | | |  | |

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| --- | --- | --- | --- |
| **Date of Birth** | **/****/** | **Gender** | **Male  Female** |

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| --- | --- | --- | --- |
| **Age** |  | **Nationality** |  |
| **Country of Birth** |  | **Ethnicity** |  |

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| **Please include a scanned copy of your passport to verify your identity:** | **I confirm that copy of my passport has been attached** |
| **Have you been resident in the UK/other EU member state for the last 3 years?** | **Yes  No** |

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| **Name and contact number of person to contact in case of emergency** |  |

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| **Do you consider yourself to have a disability?** | **Yes  No** |

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| **If yes, please state the nature of your disability** |  |

1. **COUNSELLING TRAINING**

**Please give details of your counselling training so far – include dates, awarding body, location of the course(s) and length of the course(s).**

| **Course Provider** | **DATES** | | **Title of course &**  **grade (if applicable)** |
| --- | --- | --- | --- |
| **From** | **To** |
|  |  |  |  |

***(You will be required to produce original certificates of your previous training if you are accepted)***

## EDUCATION HISTORY

**Do you have the ability to speak and write in English to approximately GCSE standard? Yes  / No**

## Please give a brief summary of your education (including qualifications etc.) and your work including your current employment. You can include a CV if you prefer.

| **College or university** | **DATES** | | **Title of course &**  **grade (if applicable)** |
| --- | --- | --- | --- |
| **From** | **To** |
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1. **Employment History**

**Please give a summary of current and previous employment including any volunteer work (*Most recent employment first)***

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| **Employer** | **Job Title** | **From** | **To** |
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1. **SPIRITUAL PRACTICES**

**Please give information about any existing spiritual practice that you engage in including prayer, meditation, or mindfulness.**

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1. **eXPERIENCE OF COUNSELLING OR HELPING RELATIONSHIPs**

**Please give details of any experience you have had of a counselling or helping relationship.**

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1. **PSYCHIATRIC AND MEDICAL HISTORY**

**Please give details of any psychiatric or medical or spiritual (jinn possession) conditions, past and present.**

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1. **ADDITIONAL SUPPORT/DISABILITIES/LEARNING DIFFICULTIES**

**Please give details of what kind of support would be useful to you. You should also include any physical disabilities and any specific learning difficulty (such as dyslexia) or if you have any difficulties with English.**

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1. **CRIMINAL CONVICTIONS**

**Do you have any criminal convictions? If yes please provide details below. A criminal record will not necessarily be a bar to obtaining a place on this course.**

**Yes  / No**

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1. **SEX OFFENDERS’ REGISTER:**

**Are you on any List or Register of Sex Offenders? If so, please give details:**

**Yes  / No**

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1. **AGENCY COUNSELLING PLACEMENT WORK**

**If accepted on to the training, please describe your availability, how and where you would be able to establish your agency counselling work, if known, and your thoughts about this. Please attach any supporting evidence. Be aware that currently our only Islamic Counselling Placement is the Lateef Project in Birmingham.**

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1. **CODE OF ETHICS**

**Are you aware of, and have you read the BACP Code of Ethics for Counsellors?**

**Yes**  **/ No**

1. **CONNECTION TO OTHER APPLICANTS**

**Are you connected to any other applicants (intimate and family relationships)? If yes, please explain how you are connected to the other applicant(s).**

**Yes  / No**

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1. **PLEASE GIVE BRIEF REPLIES TO THE FOLLOWING QUESTIONS**
2. **The Diploma Course follows the Islamic approach – how do you relate to this, and why have you chosen it?**

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1. **How did you find the Skills Training aspect of your initial training – in what way(s) has this changed the way you deal with other people?**

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1. **Why do you want to achieve a professional qualification as a counsellor?**

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1. **What value do you place on the need for personal development by the counsellor, and why?**

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1. **This Diploma requires commitment in terms of attendance, placement work, personal therapy, supervision, personal development, finance, study outside the sessions and time to prepare for meeting assessment deadlines. What are the implications of any of these commitments for you?**

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1. **How did you hear about this course?**

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1. **FEES**

**Please provide details related to your payment of fees; include details of any expected sponsorships or any grants that you have applied for.**

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| **Who is expected to pay for your fees? Cross all the boxes that apply, even if they are partial payments.** | **Yourself**  **Sponsor**  **Grant** |

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| --- | --- |
| **Address invoice should be sent to (if different from your own address)** |  |
| **Details of Sponsor** | |
| **Name of sponsor (or name of organisation sponsoring you)** |  |
| **Address** |  |
| **Contact details for sponsor (telephone/email)** |  |

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| **Sponsorship amount** | £ | **First year only**  **Funding per year for two years**  **One off payment** |
| **Is the amount confirmed?**  **Please provide proof of sponsorship** | **Yes  / No** | |
| **Who will the money be paid to?** | **Yourself**  **Directly to the course providers** | |

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| **Details of any grant applications** | |
| **Name of organisation providing grant** |  |
| **Address** |  |
| **Contact details (telephone/email)** |  |

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| **Grant amount per year** | £ | **First year only**  **Funding per year for two years**  **One off payment** | |
| **Is the amount confirmed?**  **(please provide proof of award)** | **Yes  / No** | | |
| **Who will the money be paid to?** | **Yourself**  **Directly to the course providers** | | |
| **Would you like to use the instalment facility for the fees as outlined in the brochure?** | | | **Yes  / No** |

1. **PERSONAL STATEMENT**

**Please provide a personal statement of not more that 350 words. This is an opportunity for you to explore what you can bring to the course, and what you might expect to gain from it.**

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1. **ADDITIONAL INFORMATION**

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**If there is any other information that is pertinent to your application, please state it below:**

1. **REFERENCES**

**Please fill in the details for the your two referees below. There are two reference request forms with this application form. Please ask your referees to complete them for you and then return them direct by email to Sabnum Dharamsi: sabnum@islamiccounselling.info**

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| **REFEREE 1: ACADEMIC REFEREE**  This referee should be one of your tutors from a previous course. | | | |
| **Name** |  | | |
| **Address** |  | | |
| **Postcode** |  | | |
| **Telephone no.** |  | **Email** |  |
| **Course they taught you on** |  | | |
| **Dates of course**  **(From/To)** |  | **Course Location** |  |

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| **REFEREE 2: PERSONAL REFEREE**  This referee should someone who can give you a personal reference, but NOT a family member. | | | |
| **Name** |  | | |
| **Address** |  | | |
| **Postcode** |  | | |
| **Telephone no.** |  | **Email** |  |
| **Capacity in which they are known to you** |  | | |
| **How long have they known you** |  | | |

1. **TERMS AND CONDITIONS OF ACCEPTANCE**

**Data Protection Act 1988**

I agree to Stephen Maynard & Associates / CPCAB processing personal data contained in this form or other data which the University may obtain from other people. I agree to the processing of such data for any purposes connected with my studies or my health and safety whilst on the premises or for any legitimate reason including communication with me following the completion of my studies.

In addition, I agree to Stephen Maynard & Associates processing personal data described as ''Sensitive Data'' within the meaning of the Data Protection Act 1988, such processing to be undertaken for any purposes as indicated in the declaration above.

If my employer/sponsor/grant provider is supporting my studies by paying my fees/allowing me study time I agree to my employer/sponsor/grant provider being informed of the progress of my application and of my studies if I am accepted onto the course.

**Fees**

I agree to a payment of £520.00 non-returnable deposit payable for each year of the diploma to accept and secure a place on the course. Payment of the remaining balance for each year will be paid in full or monthly payments as detailed in the brochure.

I understand that after registration, automatic refunds are only due in exceptional circumstances. *The refunds policy is attached at the end of this application form.*

I have read the terms and conditions of acceptance and understand that if I formally accept a place on the training course I will become liable for the course fees as outlined in the brochure.

**Intellectual Property**

Our intellectual property and your intellectual property: as set out in the **SMA’s Intellectual Property Policy**. *The Intellectual Property Policy is attached with this agreement.*

I confirm that I have read the Intellectual Property Policy and agree to the terms set out in the policy. I hereby agree that where required by the policy, I will enter into the necessary agreements to give effect to the policy.

**Declaration**

In addition to the above, I confirm that I have read the course prospectus for the course I am applying for and I am aware of the requirements of the course.

I certify that, to the best of my belief, the information I have provided is complete and true.

|  |  |
| --- | --- |
| **Applicants Name (Please print)** |  |
| **Signature of applicant**  **(Please insert electronic signature or cross the box to confirm your agreement)** | Cross this box to confirm agreement |
| **Date** | /     / |

**TERMS AND CONDITIONS OF ACCEPTANCE – APPLICANTS COPY**

**Please sign and keep this for your records**

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|  |  |
| --- | --- |
| **Applicants Name (Please print)** |  |
| **Signature of applicant**  **(Please insert electronic signature or cross the box to confirm your agreement)** | Cross this box to confirm agreement |
| **Date** | /     / |

 Attn Sabnum Dharamsi sabnum@islamiccounselling.info

Stephen Maynard & Associates

Brittania House  
Suite 8B4  
Leagrave Road  
LU3 IRJ

🕾 01235 769744

## Request for reference

*(Applicants name) …………………………………...………………………………………………………………………………..……….* has applied for a place on our Diploma in Islamic Counselling – and has given your name as one of the two referees.

In order to process the application we would be grateful if you could forward written comments with regard to the following: -

* The length of time you have known the applicant, in what capacity, and the relationship with the applicant.
* Aptitude for and suitability to working in therapeutic counselling, and studying at diploma level
* The applicant’s capacity in the following areas:-
* Self-awareness and insight
* Integrity, reliability and ethical behaviour
* Emotional maturity
* Flexibility and willingness to change
* Capacity to undertake a sustained intensive period of study.

Please forward the reference to Sabnum Dharamsi at the address noted above.

If you wish to discuss issues with me then please contact me either at the Service *(phone number above)* or on my private mobile 07977463843

Thanking you in anticipation

Sabnum Dharamsi

*Course Tutor*

 Attn Sabnum Dharamsi sabnum@islamiccounselling.info

Stephen Maynard & Associates

Brittania House  
Suite 8B4  
Leagrave Road  
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🕾 01235 769744

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Thanking you in anticipation

Sabnum Dharamsi

*Course Tutor*

**Diploma in Islamic Counselling**

**Fees Policy**

1. Once accepted onto the course the student is liable for the initial non returnable deposit as stated in the application form and signed by the student.
2. After registration (attendance of one or more of the course days) the year’s course fee is due in full. If you pay in instalments, you will still be liable for the full year.
3. In exceptional circumstances (***acute*** illness or injury which are supported by medical evidence (i.e. Medical Practitioners letter or Medical Certificate) you may apply for waiving of outstanding instalments or waiving of fees paid
4. In any event refunds will be limited to a maximum of 50% of the student fee – this will be by credit note to the service.
5. The maximum 50% refund will then be on a pro rata basis to the amount of the course the student has attended.
6. Students who wish to withdraw from the course may be allowed to re-register on a subsequent same course within one year of the original subject if the course is running to payment of the amount to make up the current course fee, plus an administration fee of £200.00



**Intellectual Property (IP) Policy**

**Introduction**

This document contains SMA’s Intellectual Property Policy which governs the ownership and management of SMA’s programme materials. The policy applies to all students and employees of SMA.

**Definitions**

“**We**”, “**Us**”, “**Our**” or “**SMA**” means **Stephen Maynard and Associates.**

**“You”, ”Your” , ”Individual”** means a registered student with **Stephen Maynard and Associates** or a holder of an offer of a place**.**

**“Programme”** means your pathway, course or programme of study.

**“Intellectual Property of SMA” or “SMA-Owned Intellectual Property”** means all Intellectual Property other than student-owned intellectual property.

**“Intellectual Property”** or ”**IP”** means any software, text book, study, teaching method, materials, the Islamic Counselling Model, the SMA Teaching Structure, (whether or not patentable or registrable under copyright statutes) made, conceived, developed or first actually reduced to practice by a SMA employee or student.

**IP Ownership – Employees**

In accordance with the laws of England and Wales all intellectual property generated by an employee in the course of his/her normal duties belong to their employee. This is contrary to **The Patents Act 1977** and the **Copyright and Patents Act 1988**. Subsequently, as per the law of England and Wales, any IP created by employees of SMA in the course of their normal duties shall be the property of SMA.

Notwithstanding anything to the contrary in this IP policy, the terms of any and all contracts and agreements agreed with external organisations that concern SMA IP shall prevail.

**IP Ownership - Students**

IP generated by students in the course of their studies or research shall be owned by them unless otherwise is specified by SMA.

Use of your intellectual property for non-commercial purposes: in consideration of our contractual obligations under this agreement, you hereby grant us (SMA) the right to use intellectual property created and owned by you for non-commercial purposes.

‘Non-commercial’ means such things as educational use, materials, websites, exhibitions, research use, publications in academic journals, SMA promotional materials, prospectuses and catalogues. Our rights will be unlimited in time and geographical area.

**Copyright**

The copyright of all materials on the programme belong to **SMA**. These materials may **not** be copied either directly or indirectly without our permission. Permission may be sought by writing to SMA directly and awaiting written confirmation of permission, where granted.

Individuals on the programme are free to make use of the materials made available to them on the programme for their own non-commercial use.

The following acts are not permitted by this agreement:

* Unattributed use of materials or plagiarism
* Loading copies of material onto a website
* Amending the material in anyway
* Using the materials for commercial gain in any way
* Representing Islamic Counselling and the Stephen Maynard & Associates model in a public capacity without permission

SMA shall be the sole and exclusive owner of all right, title and interest in and to all Intellectual Property of SMA, and no student or employee of SMA shall have any right, title or interest in or to any Intellectual Property owned by SMA.

As owner, SMA shall have sole authority to exercise all rights available with respect to any SMA-Owned Intellectual Property, including, without limitation, negotiating and entering into agreements for the sale or license of the SMA-Owned Intellectual Property and obtaining copyright, trademark or patent protection for the SMA-Owned Intellectual Property.

No student or SMA employee shall sign any agreement which purports to abrogate any of SMA's rights and interests as stated in this Policy or as provided in any Student Agreement.

**Amendments to this policy**

SMA reserves the right to amend this policy at any time.  An amendment to this Policy shall become effective thirty (30) days after the earlier of the date that (i) the amendment has been posted on SMA’s website, (ii) a revised Policy incorporating the amendment has been posted on SMA's website, or (iii) SMA has informed (via e-mail or otherwise) its students and employees of the Policy amendment.