

**Level 2 Certificate in Counselling Skills**

## Application Form

## PERSONAL DETAILS

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| --- | --- | --- | --- | --- |
| **Title and Name (**t**his has to be your legal name as this will appear on t**hec**ertificate)** | | | | |
| **Title** |  | **Surname** |  | |
| **First Names** |  | | | |
| **Present Address** |  | | | |
| **Postcode** |  | | | |
| **Contact information** | | | | |
| **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  Other** |

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

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| --- | --- |
| **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). You can include a CV if you prefer.

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

1. **Employment History**

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

| **Employer** | **Job Title** | **From** | **To** |
| --- | --- | --- | --- |
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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. **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 PROVIDE BRIEF REPLIES TO THE FOLLOWING QUESTIONS:**
2. **This level 2 course in counselling skills follows the Islamic approach – how do you relate to this, and why have you chosen it?**

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1. **Is there any other information that is pertinent to your application? If so, please add it below.**

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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** | £ |
| **Is the amount confirmed?**  **Please provide proof of sponsorship** | **Yes  / No** |
| **Who will the money be paid to?** | **Yourself**  **Directly to the course providers** |

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

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| **Grant amount per year** | £ | |
| **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. **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 Stephen Maynard & Associates 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 the non-returnable deposit to accept and secure a place on the course. Payment of the remaining balance for 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.**

**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**

**Data Protection Act 1988**

**I agree to Stephen Maynard & Associates / CPCAB processing personal data contained in this form or other data which Stephen Maynard & Associates 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.**

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**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 the non-returnable deposit as specified in the prospectus payable to accept and secure a place on the course. Payment of the remaining balance will be paid in full or monthly payments as detailed in the brochure.**

**I understand that after registration, refunds are not given. *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.**

**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** | /     / |

**Level 2 Certificate in Counselling Skills**

**Refunds 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 course fee is due in full. If you pay in instalments, you will still be liable for the full fees.
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. This is at our discretion.
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. Students who wish to withdraw from the course and have a refund will 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 £225.00