Logo

Description automatically generated with medium confidence

**Level 2 Counselling**

**Application Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | **Title** Choose an item. | | |
| **First Name(s):** |  | | | | |
| **Surname:** |  | | | | |
| **Address** |  | | | | |
|  | | | | |
|  | | | | |
| **Postcode:** | | | | |
| **Telephone** | **Home** |  | | **Mobile** |  |
| **Email:** |  | | | | |
| **Date of Birth:** | Click or tap to enter a date. | | | | |

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| **Course Information** | | | | | | |
| Which course do you want to study? | | | | | Choose an item. | |
| Full-time |  | Part-time |  | | | |
| How did you hear about this course? | | | | Step into Learning website | |  |
| Social media | |  |
| Word of mouth | |  |
| Advertising | |  |
| Other | |  |

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| **EDUCATION** | | | |
| **Level** | **Subject** | **Grade achieved** | **Date achieved** |
| *GCSE* | *Maths* | *D* | *June 2019* |
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Do you have any support needs? Choose an item.

If you answered yes, please select all that apply

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| --- | --- | --- | --- |
| Mental ill health |  | ADHD |  |
| Emotional/behavioural difficulties |  | Disability affecting mobility |  |
| Asperger syndrome/ASD |  | Medical condition (asthma, epilepsy,  diabetes, allergy) |  |
| Visual impairment |  | Multiple disabilities |  |
| Hearing impairment |  | Dyslexia/Dyspraxia |  |
| Other |  | | |

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| --- |
| **Personal statement** |

In the space below please tell us:

* What is the reason you wish to undertake this course?
* what challenges do you think you will face doing this course?
* your current circumstances e.g family, work
* how you feel about working as part of a team? You can give an example of where you have worked in a team setting.
* A personal quality that you feel will benefit you and others on the course.
* What steps do you put in place to take care of your emotional needs?
* Have you had experience of counselling?  Yes/No

If yes:

* What model of therapy?
* How recent was this?

Write a minimum of 500 words