

**Level 3 & 4 Counselling**

**Application Form**

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| **PERSONAL INFORMATION** | **Title** | Choose an item. |
| **First Name(s):** |  |
| **Surname:** |  |
| **Address** |  |
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|  |
| **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 |[ ]  Course location | Choose an item. |
| 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:

* why you want to do this course?  Is this for eventual employment as a counsellor or mainly for self-development?
* what challenges do you think you will face doing this course?
* your current circumstances e.g family, work
* 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
* Say why you feel you are academically & emotionally able to cope with this level of training
* Would you say you are able to give and receive feedback constructively?

Write a minimum of 500 words