

**TC-L4 LEVEL 4 DIPLOMA IN THERAPEUTIC COUNSELLING**

**Guernsey January 2022 – December 2023**

**APPLICATION FORM**

**(Please print clearly)**

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| Full name | |  | | | | | | | | | | |
| Title *(Mr/Mrs/Dr etc)* | |  | Sex |  | | Date of Birth | | |  | | Age |  |
| Address | |  | | | | | | | | | | |
| Post Code | |  | | | | | | | | | | |
| Telephone | |  | | | | | Mobile | | |  | | |
| Email | |  | | | | | | | | | | |
| Occupation | |  | | | | | | | | | | |
| **CONSENTS** | | | | | | | | | | | | |
| ❑ I consent for my Course Portfolio and the information contained therein to be available to CPCAB for verification purposes. I understand this is a requirement for the course. | | | | | | | | | | | | |
| Please select one of the following:  ❑ I consent for my name and email address to be included on a list of course participants provided to the rest of the training group **OR**  ❑ I do not give consent for my name and email address to be included on a list of course participants provided to the rest of the training group | | | | | | | | | | | | |
| ❑ I consent / ❑ I do not give consent for Barnabas to include me in photographs during the training and  ❑ I consent / ❑ I do not give consent for Barnabas to use such images in their printed and online publicity, social media, website and advertising material | | | | | | | | | | | | |
| If you consent to an emergency contact number being provided to the Course Tutor for the duration of the course please provide this below. Otherwise please leave blank.  Emergency contact name: Contact number: | | | | | | | | | | | | |
| **EDUCATIONAL HISTORY** | | | | | | | | | | | | |
| Please give details of:  Secondary school exams:  Higher Education:  Degrees, Certificates or other qualifications: | | | | | | | | | | | | |
| **OCCUPATIONAL HISTORY** | | | | | | | | | | | | |
| Please give details of present and past occupations, with special emphasis on work involving counselling or caring of any type | | | | | | | | | | | | |
| **TRAINING EXPERIENCE** | | | | | | | | | | | | |
| **Date** | **Type of Course** | | | | **Hours** | | | **Training Organisation** | | | | |
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| **PLACEMENT** | | | | | | | | | | | | |
| You are unlikely to have secured a placement as yet, However, please outline details of where you intend undertaking your required 100 hours of counselling practice, if you can. | | | | | | | | | | | | |
| **PHILOSOPY OF COUNSELLING** | | | | | | | | | | | | |
| Describe your personal and theoretical philosophy of counselling – including the model used. | | | | | | | | | | | | |
| **Your responses to the following questions are classed as “sensitive personal data”. Your consent is sought to process such sensitive data as described in the Privacy Notice.** | | | | | | | | | | | | |
| **CHRISTIAN FAITH / EXPERIENCE** | | | | | | | | | | | | |
| ❑ I consent to my answer to this section to be disclosed to the Course Tutor for the purposes of assessing my application. (If you withhold consent and choose to leave this section blank, it will be understood that you are happy to accept the Christian basis of the training.)  Please give brief details of your faith or Christian life and detail Christian ministry, leadership and other appropriate experience in Church or other Christian work where relevant. If you do not have a specific faith feel free to use this space to detail anything you feel is significant, in support of your application. This might include your work with other organisations, voluntary or paid. | | | | | | | | | | | | |
| **PERSONAL THERAPY** | | | | | | | | | | | | |
| ❑ I consent to my answer to this section to be disclosed to the Course Tutor for the purposes of assessing my application. I understand that this information is required for my application to be considered.  Please indicate if you have received personal therapy. If so, please provide details of when and where this took place and how long this lasted. | | | | | | | | | | | | |
| **HEALTH AND WELL-BEING** | | | | | | | | | | | | |
| ❑ I consent to my answer to this section to be disclosed to the Course Tutor for the purposes of assessing my application. I understand that this information is required for my application to be considered.  Listening / counselling training places a significant mental, emotional and sometimes spiritual demand on course participants. In order to help us assess your suitability to undertake this training, and to consider your needs, please answer the following questions.  Are you currently receiving any ongoing medical or psychiatric care? YES / NO  Have you ever been diagnosed with a common mental health issue  e.g. depression, anxiety etc? YES / NO   1. Have you ever been diagnosed with a complex mental health disorder?   e.g. schizophrenia or Dissociative Identity Disorder etc YES / NO   1. Have you experienced any recent or childhood trauma ? YES / NO 2. Do you require any additional learning or access support? YES / NO 3. Do you have any specific physical needs that we should be aware of? YES / NO | | | | | | | | | | | | |
| **COMMENTS**  If you have answered ‘yes’ to any of the above questions please use this space to share anything relevant with us; all information will be treated with respect and confidentiality. If you have additional needs please specify these (continue on a separate sheet if necessary).  Answering ‘yes’ to any of the above questions does not disqualify you from applying for this course. However, in order to ensure that this course is appropriate for you we may ask you for further information. | | | | | | | | | | | | |
| Please indicate how you heard about this training course:  ❑ BCT website ❑ Church ❑ CPCAB ❑ Recommended by a friend/colleague  ❑ BCT leaflet ❑ ACC ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |

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| Please add any other comments you feel it is important for us to know | |
| **PLEASE CHECK THAT YOU HAVE ENCLOSED THE FOLLOWING:** ✓ | |
| **A completed Tutor Reference (pro forma reference form supplied) if you did not complete the Level 3 course with Barnabas** |  |
| **A completed reference form from your Minister / Church Leader or other referee to support this application (pro forma reference form supplied)** |  |
| Agreement between Barnabas Counselling Training and the Applicant I agree to abide by the following Conditions which, together with the additional requirements set out in the (1) Terms and Conditions; and (2) The Schedule of Course Fees, will form the basis of the Agreement between me and Barnabas Counselling Training (BCT) if I am accepted onto the Course:   1. **Course Fees**: The cost of the Course, the amount of the deposit and any additional fees that may arise are set out in the Schedule of Course Fees. 2. **Payment of the Course Fees**: Your deposit becomes non-refundable (except as set out in paragraph 4 below) and the remaining cost of the first year of the Level 4 Course becomes due and payable on the day of the first teaching Session of the Course. However, if you are unable to pay for the full cost of the year of the Course at the outset, BCT allows you to spread the cost of the Course over the number of months that the Course runs in that year. Further details are set out in the Schedule of Course Fees. 3. **Withdrawal from the Course and continuing obligation to pay for the Course**: If you withdraw from the Course at any time on or after the date of the first teaching Session of the Course, you will remain liable to pay for the deposit and the full amount of the Course for that year. This is because the year’s Course fees became due and payable on the day of the first teaching Session. In addition, it is not possible after that date to replace you with another participant. 4. **Withdrawal from the Course and Refund of CPCAB Fees**: Part of your deposit pays for your registration with the CPCAB. If you withdraw from the Course within the first 6 weeks of the date of the first teaching Session of the Course, the CPCAB will refund their registration fee less their administration fee. If you withdraw from the Course after this point, the CPCAB currently offers a 50% refund of the registration fee only for cases where you have medical grounds for your withdrawal, supported by a written, signed confirmation from a Doctor. 5. **Privacy Notice:** I have read the Privacy Notice and agree to BCT processing my personal data, including sensitive personal data, in the manner described.     I am enclosing a Cheque for the non-refundable deposit (as per the Schedule of Course Fees) and my completed Standing Order Form. I declare that all the information in my Application Form is accurate. Please sign to indicate that you agree to the above.  NAME (printed) ……………………………………………………………….    NAME (signed) ……………………………………………………………….  DATE ………………………………………………………………. | |

Please return completed applications to: Julie Allday, Barnabas Counselling Training, PO Box 752, Chichester, PO19 9QYor by email to: [info@barnabastraining.com](mailto:info@barnabastraining.com) by **Friday 15th October 2021**