

**LEVEL 3 CERTIFICATE IN COUNSELLING STUDIES**

**Guernsey May 2023 – April 2024**

**APPLICATION FORM**

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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: | | | | | | | | | |
| Please give your reasons for applying for the course and indicate how you intend to use this training: | | | | | | | | | |
| **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 helping or caring of any type. | | | | | | | | | |
| **RELEVANT TRAINING EXPERIENCE** | | | | | | | | | |
| **For students who have completed the CPCAB Level 2 Certificate in Counselling Skills course:**  Please provide details as appropriate:  ❑ I have completed the CPCAB Level 2 Certificate in Counselling Skills course  (CSK-L2) with Barnabas Counselling Training:  Venue:........................................................................................ Date:...............................  Course tutor: .......................................................................................................................  **Or**  ❑ I have completed the CPCAB Level 2 Certificate in Counselling Skills course  (CSK-L2) with another training provider:  Training organisation:....................................................................... Date:.......................  **(Please provide a copy of your CPCAB Level 2 Certificate)**  **Please continue to the section on Health and Well-being.** | | | | | | | | | |
| **For students who have not completed the CPCAB Level 2 Certificate in Counselling Skills course:**  Please provide details of your counselling training to date giving Course Title, Guided Learning Hours, Training Provider and Date of training attended: | | | | | | | | | |
| Please describe the format of the course : Online self taught / online tutor led with peer group / face-to-face / blended due to changing circumstances | | | | | | | | | |
| Please indicate the counselling models / theories covered in your training to date: | | | | | | | | | |
| Please indicate the assessments you were required to complete for your Level 2 course or equivalent: | | | | | | | | | |
| Are you familiar with criteria based learning, ie the requirement to evidence in a learning journal and other written work that you have met certain criteria set by an awarding body for example “Assessment Criteria 1.1 Use Counselling Skills within an ethical framework”? YES / NO | | | | | | | | | |
| Please evaluate your prior learning and experience against the 7 learning outcomes listed in the CPCAB Level 2 Criteria (provided as a separate document) giving specific examples if possible: | | | | | | | | | |

**For completion by all applicants:**

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| **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 COUNSELLING** |
| ❑ 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 SELECT FROM THE FOLLOWING:** ✓ | |
| **COURSE DEPOSIT** | |
| I enclose a deposit cheque for £500 payable to Barnabas Counselling Training has been posted to support this application |  |
| I have arranged a bank transfer of £500 to the Barnabas bank account with Lloyds:  Account: Barnabas Counselling Training Ltd  Sort code: 30-67-33  Account: 20395568 |  |
| I will arrange a bank transfer of £500 to the Barnabas bank account by 9th December |  |
| **REFERENCES** | |
| I enclose the Confidential Reference Form |  |
| The Confidential Reference Form will follow separately |  |
| I enclose the Tutor Referral Form |  |
| The Tutor Referral Form will follow separately |  |
| 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 on to 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**: If your application is successful, your deposit becomes non-refundable (except as set out in paragraph 4 below) and the remaining cost of the Level 3 Course becomes due and payable on the day of the first teaching Session of the Course. 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, or are asked to leave the course due to any breaches of course requirements during training sessions, you will remain liable to pay for 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) / I will arrange a bank transfer for the deposit. * I understand the balance of £800 is payable before the course start date on 20th May 2023. * I declare that all the information in my Application Form is accurate.   NAME (printed) ……………………………………………………………….    NAME (signed) ……………………………………………………………….  DATE ………………………………………………………………. | |

Please return completed applications to: Julie Allday, Barnabas Counselling Training, PO Box 752, Chichester, PO19 9QYor by email: [jallday@barnabastraining.com](mailto:jallday@barnabastraining.com) **by Friday 9th December 2022**