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| Application for: **CPCAB Level 3 Certificate in Counselling Studies (CST-L3)** | |
|  | FAO. Trudi Jackson  216-218 Katherine Street | Ashton-under-Lyne | OL6 7AS  trudijackson@togmind.org www.togmind.org/  0161 330 9223  Registered Charity in England No. 1123549 Registered Company Ltd by Guarantee No. 6340472  216-218 Katherine Street | Ashton-under-Lyne | OL6 7AS  trainingacademy@togmind.org www.togmind.org/services/training 0161 330 9223  Registered Charity in England No. 1123549 Registered Company Ltd by Guarantee No. 6340472  216-218 Katherine Street | Ashton-under-Lyne | OL6 7AS  trainingacademy@togmind.org www.togmind.org/services/training 0161 330 9223  Registered Charity in England No. 1123549 Registered Company Ltd by Guarantee No. 6340472 |

**Please complete in BLOCK capitals using BLACK INK, if completing by hand, or type and return by post or email to Trudi Jackson (contact details above.)**

**SECTION 1**

**Personal Details**

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| --- | --- | --- | --- | --- | --- | --- |
| Family name: |  | First Name: |  | | D.O:B. |  |
| Address | | | | | | |
| House No. |  | | Street |  | | |
| Town |  | | Post code |  | | |
| Country |  | |  | | | |
| Telephone No. |  | | Mobile No: |  | | |
| Email: | | | | | | |

**SECTION 2**

**Education and Academic qualifications** (we will ask proof of qualifications and certificates obtained that are required for acceptance on the course, i.e. Level 2 counselling certificate for a course with minimum 75 Guided Learning Hours\*, i.e. time instructed or taught by tutor or participating in training under guidance of tutor or similar)

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| --- | --- | --- | --- | --- |
| Name of institute, college, university & country | Date studied  (from - to) | Degree/Diploma/ Certificate  (e.g. BSc, HSC, NVQ level 2)  and awarding body (e.g. CBCAB) | grade/ result | Guided learning hours\* of course |
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**Employment/work/volunteering summary – relevant to the nature of the course for which you are applying** (if any).

Please give brief details of experience of skills gained such as Active Listening Skills; working confidentially; working one-to-one in a supportive or helping role; applying empathy, non-judgmental approaches:

**SECTION 3**

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| 1. **What is your understanding of offering empathy and a non-judgmental approach?** 2. **Please give examples (if any) of how you have demonstrated these skills and attitudes (whether in training, work practice or other supportive relationships).** |
| 1. **Please outline briefly your understanding of what counselling is:** |
| 1. **Please outline what are your key learning and skills gained from your level 2 counselling course.** |
| 1. **What are your reasons for undertaking this course (personal and academic and professional aspirations)?** |

**Digital Inclusion**

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| **This course is initially planned to be delivered using remote teaching methods (using Zoom for instance) and work is to be submitted electronically.**  **Please comment on how accessible the technology and skills to work this way are for you.** |

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| **To help us support your learning as fairly and effectively as possible, please state briefly if you have any additional or individual needs that you would like the Centre to be aware of. Please be assured we will not share this information without your consent. (Learning, Language, Mental Health issues, Medical, Physical, Personal, Religious, etc.)**  *Please note that this course requires personal reflection and exploration and as such requires candidates to have personal emotional resilience. This course may not be suitable for individuals who are currently experiencing difficulties with their mental health.* |

**How did you hear about TOG Mind’s CPCAB course?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Flyer |  | Relative/Friend word of mouth |  | Website |  |
| Workshop/open day |  |  |  | Email |  |
| Other sources (please state): | | | | | |

**Reference**

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| It is our usual practice to obtain references prior to the Informal Interview.  Please provide a referee who can comment on your ability to undertake the level 3 counselling course, commenting with authority on your ability to complete written assignments, personal reflection and ability to receive and give constructive feedback, as well as develop in counselling skills.  Where possible this would be your Level 2 counselling tutor.  Ensure you obtain their permission to be contacted by us to request a reference from them. | | |
| Name of Referee: | | |
| Referee’s Full Postal Address: | | |
| Relationship (i.e. employer, teacher/tutor) | |  |
| Telephone No. | |  |
| Permission given to be approached for reference? | |  |
| Email: |  | |

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| --- | --- |
| Applicant’s signature: | Date: |

**Enrolment Procedure**

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| **A.** Complete and return the Application for Admission  **B.** When your application has been processed, we will usually invite you for an informal interview (using online or telephone media) and ensure you have information on payment requirements for the course.  **C.** On receipt of the deposit, we will issue the ‘Letter of Enrolment’ (Unconditional Offer). |

**For Office use only**

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| Application received by online, email, in person: Date:  Comments and Actions: |