

Certificate in Counselling Skills and Theory Application Form

PLEASE ENSURE YOU READ THE INFORMATION BELOW CAREFULLY.

The information on this application will be made available to the interviewers and those members of the training team involved in the selection of candidates for the Certificate in Counselling Skills and Theory. The information is stored on a computer database.

We wish to ensure that the application process is fair and in line with our Equal Opportunities Policies. The information you provide on this form is the only information we will use in deciding whether you will be shortlisted for an interview. It is therefore important that you complete the form fully.

Once you submit this form, the Administration Team at Basingstoke Counselling Service will receive an automated notification. We will email you within two weeks to inform you whether or not you have progressed to the next stage.

- Section 1 - Contact Details
- Section 2 - Qualifications
- Section 3 - Employment History
- Section 4 - About You
- Section 5 - References
- Section 6 - Equal Opportunities Monitoring Form

* Required

Contact Details

1. Date Form Completed *

2. Title

- Mr
- Mrs
- Miss
- Ms
- Other

3. First Name *

4. Surname *

5. Gender *

6. Preferred pronouns *

she/her

he/him

they/them

Other

7. Email Address *

All of our communication is by email where possible. If you do not have an email address please type N/A and we will contact you on the contact number you have provided.

8. Postal Address: Line 1 *

9. Postal Address: Postcode *

10. Contact Numbers *

Please add the best number for us to contact you on

11. How did you hear about our course?

To help us with future marketing please let us know how you heard about our certificate course.

- Our website
- Facebook
- Twitter
- Linked In
- At work
- Community space
- Introduction Course
- Other

12. What profession do you work in? *

If you are retired or currently volunteering please put this.

Qualifications

Please list details of all academic and vocational qualifications. Please start with any courses you are currently studying and then continue in reverse chronological order.

13. Qualifications 1

Please enter date, Education/Courses/Training details, including institution and grade awarded. The text box will expand as you write:

14. Qualifications 2

Please enter date, Education/Courses/Training details, including institution and grade awarded. The text box will expand as you write:

15. Qualifications 3

Please enter date, Education/Courses/Training details, including institution and grade awarded. The text box will expand as you write:

16. Qualifications 4

Please enter date, Education/Courses/Training details, including institution and grade awarded. The text box will expand as you write:

Occupation

Please give details of your current and (where applicable) previous employment including volunteering roles.

17. Role 1

Please include dates to and from and details of employer, job title and the nature of the role. The box will expand as you type.

18. Role 2

Please include dates to and from and details of employer, job title and the nature of the role. The box will expand as you type.

19. Role 3

Please include dates to and from and details of employer, job title and the nature of the role. The box will expand as you type.

20. Role 4

Please include dates to and from and details of employer, job title and the nature of the role. The box will expand as you type.

21. Role 5

Please include dates to and from and details of employer, job title and the nature of the role. The box will expand as you type.

22. Role 6

Please include dates to and from and details of employer, job title and the nature of the role. The box will expand as you type.

23. Role 7

Please include dates to and from and details of employer, job title and the nature of the role. The box will expand as you type.

24. Role 8

Please include dates to and from and details of employer, job title and the nature of the role. The box will expand as you type.

About You

25. What are your reasons for wanting to join this course and what do you hope to gain from the training? *

The box will expand as you type.

26. Please give a brief personal history identifying significant life experiences and how they have impacted upon you. *

The box will expand as you type.

27. Have you ever had counselling or therapy, or experienced any mental health issues? *

The box will expand as you type

28. Additional Information: In addition, please provide any other information that you believe may support your application. *

The box will expand as you type

References

Please give details below of two references. (Please note each referee must have known you for a minimum period of three years and should not be a relation).

29. Ref 1 - First Name *

30. Ref 1 - Surname *

31. Ref 1 - Email Address *

All of our communication is by email where possible. If no email address is available, please type N/A and we will contact your referee on the contact number you have provided.

32. Ref 1 - Contact Numbers *

Please add the best number for us to contact your referee on

33. Ref 1 - Nature of relationship *

34. Ref 2 - First Name *

35. Ref 2 - Surname *

36. Ref 2 - Email Address *

All of our communication is by email where possible. If no email address is available, please type N/A and we will contact your referee on the contact number you have provided.

37. Ref 2 - Contact Numbers *

Please add the best number for us to contact your referee on

38. Ref 2 - Nature of relationship *

Equal Opportunities Monitoring

Providing this information is optional and we will ensure this information remains confidential.

Please note that this form will be separated from the rest of your forms on receipt, and will not form any part of the process of application. People will not be excluded on grounds of gender, marital status, physical ability, race, ethnicity, religion or sexual orientation.

Basingstoke Counselling Service assures you that any information you provide here will only be used for statistical monitoring and to monitor the effectiveness of our policies.

The following sets out categories for monitoring. We ask you to respond to this information request positively as it will help us ensure that our policies and practices do not inadvertently discriminate against you.

39. Postcode

40. What are you applying for?

- Counselling
- Couples Counselling
- CPD/Workshop
- Training Course - Certificate
- Training Course - Diploma
- Voluntary Placement

41. Ethnicity: How would you describe yourself?

- White: English/Welsh/Scottish/Northern Irish or British
- White: Irish
- White: Gypsy or Irish Traveller
- White: Other
- Mixed or Multiple Ethnic: White and Black Caribbean
- Mixed or Multiple Ethnic: White and Black African
- Mixed or Multiple Ethnic: White and Asian
- Mixed or Multiple Ethnic: Other mixed
- Asian or Asian British: Indian
- Asian or Asian British: Pakistani
- Asian or Asian British: Bangladeshi
- Asian or Asian British: Chinese
- Asian or Asian British: Other
- Black, African Caribbean, or Black British: African
- Black, African Caribbean, or Black British: Caribbean
- Black, African Caribbean, or Black British: Other
- Arab
- Prefer not to say

42. Disability: Do you consider yourself to have a disability or a long-term health condition?

- Yes
- No
- Prefer not to say

43. If yes, what is the impact of your disability or health condition?

If you would like to discuss your response, and how we might accommodate your disability or health condition, please use this section to highlight this.

44. Gender

45. Age: What is your current age?

46. Religion and belief: Please select the option that best describes you?

If your religion is not specifically listed then we ask you not to take offence as none was intended.

- Christianity
- Buddhism
- Hinduism
- Judaism
- Sikhism
- Islam
- No religion
- Prefer not to say

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