**Application Form**

**CPCAB Level 3 Certificate in Counselling Studies. (600/5104/8)**

Please note: All information is protected under the Data Protection Act 2018 and GPDR.

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| **Course information:** | | Evenings | | | Days | |
| **Your details** | | | | | | |
| Mr/Mrs/Miss/Ms/  Other |  | | First name: |  | | |
| Preferred Pronouns: |  | | Surname: |  | | |
| DOB:  Entry requirements 19+ |  | | Preferred name: |  | | |
| Address: |  | | | | | |
| Telephone no: |  | | Email address: | | |  |
| **Next of Kin Details** | | | | | | |
| Mr/Mrs/Miss/Ms/Other |  | | Surname: |  | | |
| Telephone no: |  | | First name: |  | | |
| Address: |  | | | | | |

**Previous Qualifications - *Please note: Unfortunately, certificates from Level 2 Distance Learning courses Counselling Skills are not accepted***

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| --- | --- | --- | --- |
| **Year (From and To)** | **Qualification and Subject** | **College/University & Awarding Body** | **Grade** |
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| **Please tell us a little about you and why you would like to do this course? (Max 500 words)** |
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| **Can you share your awareness of working with difference and diversity? (Max 300 words)** |
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| **Can you please write down any holidays you have that we need to be aware of.**  **(The course requires a minimum attendance)** | | | |
|  | | | |
| **Please can you provide us any additional learning requirements/medical conditions that you feel we need to be aware of, so that we can support you in being successful within this course.** | | | |
|  | | | |
| **Reference details:** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Full Name: |  | | | | | Role: |  | | Email address: |  | | How long have you known them? | |  | | | | | | |
| **Please be aware that this course involves experiential elements that will involve some personal disclosure and associated personal developmental activities.**  **This qualification is not suitable for those who are currently in a state of severe emotional difficulty**  **and/or severe psychological distress**  **Please confirm everything you have stated is true to the best of your knowledge.** | | | |
| Name: |  | | |
| Signature: |  | Date of signature: |  |

When sending your application form, please provide a copy of, your Level 2 Counselling skills certificate, your identification, for example Passport, driving licence etc, and proof of address. This can be sent to contact@ckcounsellingandtrainingservices.co.uk

This is to ensure we have the correct details when applying for CPCAB registration and when your certificate is issued.

We aim to get back to you within 14 days of receiving your application form.

Warmest regards

Clare

CK Counselling and Training services.