|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COSCA Certificate in Counselling Skills** Application Form 2024 - 2025 | | | | | | | | | |
| **TITLE:** | **FIRST NAME(S):** | | | **SURNAME:** | | | | **D.O.B:** | |
| **ADDRESS:** | | | | | | | | **POST CODE:** | |
| **TELEPHONE NUMBER:** | | | | **EMAIL:** | | | | | |
|  | | | | | | | |  | |
| **IS ENGLISH YOUR FIRST LANGUAGE?** *(*English for speakers of other languages must be at: IEL TS Academic module (not General Training): overall score 6.0, with no single element less than 5.5 is required) | | | | | | | **YES/NO** | | |
|  | | **[PLEASE TICK ✓]** | | |  | | **[PLEASE TICK ✓]** | | |
| **I am applying for all four Modules:** | |  | | | **I am applying for:** | | **Module 1:** | |  |
| **Module 2:** | |  |
|  | |  | | | **Module 3:** | |  |
| **Module 4:** | |  |
| **CURRENT OCCUPATION AND EMPLOYMENT:** | | | | | | | | | |
|  | | | | | | | | | |
| **PART-TIME / VOLUNTARY WORK EXPERIENCE (if applicable)** | | | | | | | | | |
| **DATES:** | **ORGANISATIONS:** | | **EXPERIENCE:** | | | | | | |
| **PLEASE LIST ANY OTHER RELEVANT QUALIFICATIONS:** | | | | | | | | | |
|  | | | | | | | | | |
| **PERSONAL EXPERIENCE OF UNDERTAKING COUNSELLING/PSYCHOTHERAPY:** | | | | | | | | | |
| **PERSONAL STATEMENT**  *Please supply on separate sheets, a description (maximum of 500 words) of what your persona /professional experience and aspirations which motivates you to take this course. Please include any other information relevant to your application.* | | | | | | | | | |
|  | | | | | | | | | |
| **PLEASE GIVE DETAILS OF ANY HEALTH ISSUE, DISABILITY OR SPECIFIC LEARNING DIFFICULTY (E.G. DYSLEXIA, DYSPRAXIA) WHICH MAY REQUIRE APPROPRIATE ADJUSTMENTS TO BE MADE TO ASSIST AND/OR SUPPORT YOU IN UNDERTAKING YOUR TRAINING:** *(Applicants are encouraged to make their needs known in their application form and at interview so that the Centre can best respond in terms of appropriate support and advice)* | | | | | | | | | |
|  | | | | | | | |  | |
| **WHERE DID YOU LEARN ABOUT THIS COURSE:** | | | | | | | | | |
|  | | | | | | | |  | |
| **REFERENCES - Please provide names and contact details of two referees who know your work and potential to train as a counsellor:** *(The first reference should be someone who has been your trainer, teacher or manager and the second one may be a professional colleague who knows you personally. Both references cannot be from the same organisation)* | | | | | | | | | |
| **REFERENCE:** | | | | | | | | | |
| **Name:** | | | | | | | | | |
| **Position/Occupation:** | | | | | | | | | |
| **Relationship To You:** | | | | | | | | | |
| **Email:** | | | | | | | | | |
| **Phone Number** | | | | | | | | | |
| **Address:** | | | | | **Post Code:** | | | | |
| **DECLARATION:** *I confirm that all the information contained in this application is correct and to the best of my knowledge.* | | | | | | | | | |
| **SIGNATURE:** | | | | | | **DATE:** | | | |
| **PLEASE RETURN THIS FORM TO:** [**admin@garnethillcentre.org.uk**](mailto:admin@garnethillcentre.org.uk) | | | | | | | | | |