



# Devon and Cornwall Counselling Hub

## Course Application Form

Full Name

Date of Birth

Address:

Postcode:

Contact Details

Landline Number

Mobile:

Email:

Tick the Course Are You Applying For	Tick Preferred Location and Time
<b>Level 2 Certificate in Counselling Skills</b>	Daytime Evening
<b>Level 3 Certificate in Counselling Studies</b>	Daytime Evening
<b>Level 4 Diploma in Therapeutic Counselling</b>	Friday Daytime
<b>Level 5 Diploma in Psychotherapeutic Counselling</b>	Wednesday Daytime
<b>Level 6 Certificate in Therapeutic Counselling Supervision</b>	Wednesday Daytime
<b>Previous experience in the field of counselling training, counselling or similar work</b>	

**What interests you about counselling and counselling training (continue on a separate sheet if necessary)**

Have you ever been convicted of a criminal offence?

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If "Yes", please provide details below:

Any other information that may affect your learning such as special requirements, dyslexia, learning or physical difficulties etc. If none, please state:

Are there any reasons that you know of, that would stop you attending the course and meeting the 85% attendance requirement, if yes, please provide details?

Have you experienced a mental health problem such as depression or anxiety, addiction, eating disorders or a personality disorder? If so, please provide details including the length of time since recovery.

**Qualifications**

Please provide details of your existing qualifications. Continue overleaf is necessary.

**Referee:**

Please provide the details of someone who can act as a referee. A previous course tutor, employer or professional would be useful.

**Referee**

Name

Address

Email

Tel

Nature of your relationship

***We reserve the right to check applicant's references and prior qualifications. Any offer of a place on a course may be subject to satisfactory references***

Where did you hear about us?

**Signed**

**Date**