***Diploma in Therapeutic Counselling (TC-L4)***

***Person-Centred Practitioner Training***

***APPLICATION FORM***

**Please complete the application form and forward to: -** [**info@collaborativecounselling.academy**](about:blank) **together with a 1000 word essay titled**

**“Understanding self-awareness – my journey so far – in person centred theoretical terms”.**

**This should demonstrate your understanding of person-centred theory in terms of understanding yourself and others.**

**Your application will be reviewed by the Directors. If you meet with the entry requirements, we will contact you to invite you to a group information and interview session.**

**A deposit / CPCAB registration fee of £339 and 1 month course payment of £234 is required to secure your place on the course.**

**Your offer of a place on the course is subject to our terms and conditions which includes information about payments.**

Some of the information you supply will be used by:

CPCAB (the awarding organisation associated with your course) in carrying out its functions when verifying your Unique Learner Number and uploading your achievement data (if any) to your Personal Learning Record … and thereby fulfilling the requirements of the Skills Funding Agency.

The Skills Funding Agency to fulfil its statutory functions, issue/verify your Unique Learner Number (ULN) and update/check your Personal Learning Record. The Skills Funding Agency may share your ULN and Personal Learning Record with other education related organisations, such as your careers service, school, college, university, Government Departments and public bodies responsible for funding your education. Further details of how your information is processed and shared can be found at: [www.learningrecordsservice.org.uk/privacynotice](about:blank)”

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| **GIVEN NAME**  **PREFERRED NAME** |  |
| **NAME PREVIOUSLY KNOWN BY** |  |
| **Unique Learner Number (ULN) if known** |  |
| **GENDER** |  |
| **DATE OF BIRTH** |  |
| **ADDRESS**  **POSTCODE** |  |
| **EMAIL ADDRESS** |  |
| **CONTACT TELEPHONE** |  |
| **PREVIOUS QUALIFICATIONS / EXPERIENCE**  **Please list any previous counselling training / qualification/s including where you trained** |  |
| **SUPPLEMENTARY INFORMATION**  **Please give details of any information you wish to be considered including current employment if any** |  |
| **EXISTING RELATIONSHIPS**  **Please name anyone you have an existing relationship with who intends to join the course** |  |
| **DEPOSIT** | **£ 339 (registration fee) + £234 (1 month payment)** |
| **Total COURSE FEE** | **£2913 incl. CPCAB Registration per year** |