

HIGHGATE COUNSELLING CENTRE

Tetherdown Hall, Tetherdown, London N10 1ND

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Registered Charity No: 289420

Application Form Certificate in Counselling Skills September 2018 - July 2019

Name:	
Address:	
Postcode:	
Tel: (Home)	
Tel: (Mobile)	
Email:	
Date of Birth:	

1. Employment

Please give your employers name, job title, dates and indicate whether this was paid or voluntary work:

Current Employment:

Previous Employment:

2. Qualifications

Please list your academic and professional qualifications, including dates and institutions:

3. Please list any counselling courses you have attended

Please list dates, training institution(s) and outcome:

4. Previous experience in the helping professions

Please provide details of any experience you have in the helping professions. This could include one-to-one support work, telephone support work, group work etc.

5. Experience of previous therapy

Have you previously been in therapy? Yes / No

If yes, please indicate for how long: _____

What orientation? _____
(e.g. psychodynamic, integrative)

6. Medical History

Please indicate below any significant illness which has required medication or treatment during the last two years:

7. References

Please list below two referees. One should be someone who knows you in a work or training capacity. If you are currently on a counselling course, one of your referees must be either your tutor or seminar leader. Please indicate the nature of the relationship with the referee (e.g. manager, work colleague etc.). Please include an email address if possible.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Supporting statement

Please attach a separate sheet highlighting what has led you to apply for this course? Please write no more than 500 words and ensure that your name is included on the statement.

Finally, please circle below how you heard about the course:

Friend/work	Counsellor/Therapist	Advertisement
HCC Website	BACP	HCC Trainee
Other (please indicate the source below)		

Course fees:

The fee for the course is £1,250.00. This can:

- (a) be paid up front by your employer;
- (b) be paid by yourself as a lump sum up front in advance of starting the training course;
- (c) you may choose to pay a course acceptance fee of £250.00 to secure your place on the course, followed by ten monthly payments of £100.00.

Should you choose option (c) above, once you have paid the course acceptance fee, if you choose not to take up the offer of a place on the course, you remain liable for the remainder of the course fees. In addition, should you choose to terminate your training during the course of the programme, or the Training Committee choose to terminate your training, you again remain liable for the remainder of the fees.

Payment of fees:

If you are accepted onto the Certificate course, how will you pay for your fees?

Please tick one box as appropriate:

- up front by my employer on receipt of an invoice from Highgate Counselling Centre
- as a lump sum up front paid by myself in advance of starting the training course
- £250.00 course acceptance fee and 10 monthly payments of £100.00 per month via standing order

Standing orders are to be paid on the 18th of the month starting in September 2018 and ending in June 2019.

BACS Details:

Highgate Counselling Centre
CAF Bank
A/C: 00018507
Sort Code: 40-52-40

Please use your surname as the reference.

I confirm that I have read and accept these conditions.

Signed: _____

Date: _____

Next steps:

Applications should be submitted by 30 April 2018. Suitable candidates will be offered an interview once the application has been received, reviewed and processed. A registration and interview fee of £45.00 will apply.

A cheque to cover this amount should be made payable to Highgate Counselling Centre and enclosed with the application form and personal statement. Alternatively, you may wish to pay via BACS (see page 4 for BACS details). Please forward your application to:

Kevin Hamilton
Training Manager
Highgate Counselling Centre
Tetherdown Hall
Tetherdown
London N10 1ND

Email: kevin.hamilton@highgatecounselling.org.uk

If you are not selected for interview, your cheque will be returned to you. If this has been processed or you have paid the registration and interview fee via BACS, you will be re-imbursed.

Please note:

1. The selection process is via interview and your written application.
2. The decision reached by the Training Committee at Highgate Counselling Centre with regard to your application for a place on the course is final. Reasons for declining an application are not provided.
3. Once you have paid the course acceptance fee, should you choose not to take up the offer of a place on the course, you remain liable for the remainder of the course fees. In addition, should you choose to terminate your training during the course of the programme, or the Training Committee choose to terminate your training, you again remain liable for the remainder of the fees.
4. Students may not use participation on the Certificate course as a qualification to provide counselling to others.
5. All information provided on this form is strictly confidential to Highgate Counselling Centre.

Please tick the relevant boxes below:

- I confirm that I have read and accept these conditions
- I enclose a cheque for £45.00 made payable to Highgate Counselling Centre to cover the registration and interview fees
- I have paid £45.00 via BACS to cover the registration and interview fees (please provide reference details)

Signed: _____

Date: _____

Disability Statement:

Highgate Counselling Centre is committed to equality of opportunity for people with disabilities. We recognise that some disabilities remain hidden but that it may be important for these to be known to Highgate Counselling Centre personnel. In order to help us to assist you, please answer the following questions:

1. Do you consider yourself to have a disability?

Please tick box Yes No

If yes, do you consider yourself to be disabled under the terms of the Disability Discrimination Act (1995, updated 2005)?

The Disability Discrimination Act (1995, updated 2005) defines disability as “a physical or mental impairment which has a substantial and long-term adverse effect on an individual’s ability to carry out normal day-to-day activities.”

Please tick box Yes No

2. Is there anything you would particularly like to tell us about your disability?

Criminal Offences:

We ask that you make known details of any police cautions, reprimands, warnings or convictions:

Have you ever been cautioned, convicted or received a Police reprimand or warning?

Please tick box

Yes

No

If you have answered yes, please provide details and dates in the box below:

Signed: _____

Date: _____