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**APPLICATION FORM**

**CERTIFICATE IN COUNSELLING**

**September 2026-July 2027**

Please complete this application form in word format (not pages or PDF)

Please indicate whether you are applying for a place on the:

[ ]  **FACE TO FACE TRAINING** [ ]  **ONLINE TRAINING**

Your Name:

Address:

Email:

Mobile

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:

1. **PLEASE LIST ANY COUNSELLING COURSES YOU HAVE ATTENDED**

Please list course title, dates, training institution(s) and the outcome below:

1. **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. (Note: previous experience in this field is not essential).

1. **EXPERIENCE OF PREVIOUS THERAPY**

Have you previously been in therapy?

[ ]  Yes

[ ]  No

If yes, please indicate for how long:

What modality?

*(e.g., psychodynamic, integrative, CBT)*

1. **MEDICAL HISTORY**

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

1. **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 course manager. Please indicate the nature of the relationship with the referee (e.g., manager, work colleague etc.). Please include their email address.

1. **SUPPORTING STATEMENT**

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

**9. PLEASE INDICATE BELOW HOW YOU HEARD ABOUT THE COURSE:**

e.g., via our website, BACP website, friend, etc.

**10. COURSE FEE**

The fee for the course is £2,350.00. Please indicate below how you intend to pay these fees:

[ ]  As a lump sum, up front, in advance of starting the training.

[ ]  Via a place acceptance fee of £550.00 (which secures your place on the course), followed by 10 monthly payments of £180.00 per month. Monthly payments are to be made on the 18th of the month, starting in August 2026, ending in May 2027.

[ ]  Other: Please contact Diana Constantinou at Highgate Counselling Centre (HCC) to discuss.

 diana.constantinou@highgatecounselling.org.uk

Should you choose to pay the place acceptance fee but do not start the course, you remain liable for all remaining course fees. Should you later choose to terminate your training, or HCC terminate your training, again you remain liable for all remaining course fees.

I confirm that I have read and accept these conditions.

Signed: Date:

*A typed signature is acceptable*

**NEXT STEPS**

Applications should be submitted by 28th March 2026. Suitable candidates will be offered an interview once the application has been received, reviewed and processed. A registration and interview fee of £50.00 will apply. Once we receive your application, we will invoice you for this registration/interview fee.

Please email (do not post) your application to:

Diana Constantinou

Training Manager

Highgate Counselling Centre

diana.constantinou@highgatecounselling.org.uk

**OPEN DAY**

We will be holding an open day for our Certificate in Counselling Skills course on Saturday, 21st February 2026. The presentation will commence at 10am, ending 1pm (at the latest) and will be held at North Bank, Muswell Hill Methodist Church, 28 Pages Lane, London N10 1PP. If you wish to attend, please click [here](https://highgatecounselling.org.uk/wp-content/uploads/2023/10/Certificate-Open-Day-Saturday-24-Feb-2024-V2.pdf) for more information.

**PLEASE NOTE THE FOLLOWING**

1. The selection process is via interview and your written application.
2. The decision reached by HCC with regards to your application for a place on the course is final.
3. Reasons for declining an application are not provided.
4. To reiterate, students who choose to pay a place acceptance fee but then do not start the course remain liable for all remaining course fees. Should you later choose to terminate your training, or the Training Committee choose to terminate your training, again you remain liable for all remaining course fees.
5. Students may not use participation on the programme itself as a qualification to provide counselling.
6. All information provided on this form is strictly confidential to HCC.

Signing below indicates that you have read and accept these conditions.

Signed:

*A typed signature is acceptable*

Date:

**DISABILITY STATEMENT**

We are 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 us. Gov.uk says: *“You’re disabled under the Equality Act 2010 if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.”*

**Do you consider yourself to have a disability?**

[ ]  Yes

[ ]  No

**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 that are likely to be disclosed via the request of an enhanced Disclosure and Barring Service (DBS) check.

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

[ ]  Yes

[ ]  No

If yes, please provide details below:

Your name in full:

If restrictions are imposed during the course, then some scheduled face-to-face training may need to be delivered via the Zoom platform until we are able to return to face-to-face training.