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**APPLICATION FORM**

**DIPLOMA IN PSYCHODYNAMIC COUNSELLING**

September 2026-December 2028

A BACP Accredited Course

Please complete and submit the application form in Word format

(not PDF or pages format)

Your name:

Address:

Tel: Home

Tel: Mobile

Email:

1. **EMPLOYMENT**

Please give your employers name, job title, dates of employment 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**

To be eligible to apply for a place on the Diploma, you must have completed a period of study leading to the award of a Certificate in Counselling Skills or similar. Please highlight the training institute with whom you completed a Certificate training below, together with the course dates and the outcome:

1. **CURRENT COUNSELLING EXPERIENCE OR EXPERIENCE OF WORKING WITHIN THE HELPING PROFESSIONS**

 Please give details of any current counselling work and supervision arrangements (if any). If you have experience of working/volunteering in a helping capacity, please indicate the nature of this work below.

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 seminar leader. 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, highlighting:

1. What has led you to make your application to join the diploma course now?
2. Please give an account of a significant experience in your life and how you dealt with it.

 Please write no less than 500 words and no more than 1000 words.

**9. PLEASE INDICATE BELOW HOW YOU HEARD ABOUT THE COURSE,** (e.g., HCC website, BACP, friend etc.)

**10. COURSE FEE:**

The fee for the course is £13,600.00. 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 £1,000.00 (which secures your place on the course), followed by 28 monthly payments of £450.00 per month. Monthly payments are to be made by the 18th of the month, starting in August 2026, ending in November 2028.

[ ]  Annually, up front. Please see the breakdown on the next page.

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

 Diana.constantinou@highgatecounselling.org.uk

Should you 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.

The breakdown of fees is as follows:

**Year 1:** £6400 (this includes the place acceptance fee of £1000)

(September 2025-August 2026)

**Year 2:** £5400

(September 2026-August 2027)

**Year 3:** £1800

(September 2027-December 2027)

Please tick the box below and then sign to confirm your acceptance of the above.

[ ]  I confirm that I have read and accept these conditions.

Signed: Date:

*A typed signature is acceptable*

**NEXT STEPS:**

Applications should be submitted by 28 March 2026. Suitable candidates will be invited to interview once the application has been received, reviewed and processed. A registration and interview fee of £100.00 will apply. Should you be invited to interview, we will invoice you for the £100 registration/interview fee. You will be asked to attend 2 separate interviews.

**OPEN DAY**

We will be holding an open day for our Diploma training on Saturday, 21st February 2026. The presentation will commence at 2pm, ending 5pm (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/2023/11/Diploma-Open-Day-Saturday-2-March-2024-1.pdf) for more information.

**PLEASE NOTE THE FOLLOWING:**

1. The selection process involves two separate interviews.
2. The decision reached by HCC with regards to your application for a place on the course is final. Reasons for declining an application are not provided.
3. To reiterate, trainees 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.
4. Trainees may not use participation on the programme itself as a qualification to provide counselling.
5. All information provided on this form is strictly confidential to HCC.

Please tick the box below and then sign to confirm your acceptance of the above.

[ ]  I confirm that I have read and accept these conditions.

Signed: Date:

*A typed signature is acceptable*

**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:

Date: