Shape

Description automatically generated with medium confidence**Mary Ward Centre**

**42 Queen Square, London WC1 3AQ**

**0207 269 6022/** [counselling@marywardcentre.ac.uk](mailto:counselling@marywardcentre.ac.uk)

[**www.marywardcentre.ac.uk**](http://www.marywardcentre.ac.uk)

**THE PROFESSIONAL DIPLOMA IN INTEGRATIVE COUNSELLING**

**2022-2024**

We try to tailor our courses to the skills and experience of each group of participants. Please help us by filling in this form. If you have any difficulty in completing this form, please email us.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | | |
| Full Name | | |  | | | | | | |
| Address | |  | | | | | | | |
|  | | | | Tel No | |  | | Date of birth |  |
| email |  | | | | Occupation | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATIONAL QUALIFICATIONS** | | | |
|  | | | |
| **Name of Qualification** | **Where studied**? | **Date of award** | **Grade** |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **REFERENCES** | | | | | |
| Please give two people who will recommend you for this course  (one of them should be your Certificate tutor) | | | | | |
| **Name** | |  | **Name** | |  |
| **Address** | |  | **Address** | |  |
|  |  |  |  |  |  |
| **Tel No** | |  | **Tel No** | |  |
| **email** | |  | **email** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PREVIOUS COUNSELLING TRAINING** | | | | |
|  | | | | |
| **Name of Institution & Tutors** | **Date** | **Core Model followed**  (e.g. Person Centred) | **Award**  **(if any)** | **Total No of hours** |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT HISTORY** | | | |
| Starting with your current occupation, please give details of your previous employment | | | |
| **Name of Organisation** | **Date** | **Position/Title/Activity** | **Hours per week** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHER RELEVANT EXPERIENCE** | | | |
| Please give here other training and experience that you consider would help you in counselling training, e.g. voluntary work, family responsibilities, etc. | | | |
| **Name of Organisation** | **Date** | **Position/Title/Activity** | **Hours per week** |
|  |  |  |  |

|  |
| --- |
| Why do you want to achieve a professional qualification as a counsellor? |
| **PERSONAL STATEMENT**  Continue on a separate sheet if necessary and *attach it to this form.*  A: Describe an experience from your childhood, and explain how this has affected your development as a person and how you live your life in the present. |

Please make sure that you have put your name and address on any paper you attach to this form

|  |
| --- |
| B: Describe the last five years of your life, outlining significant events and relationships |
| What is the current state of your health? |
| Give details of any serious illness you have had and of any in-patient treatment in hospital |

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you now receiving or have you in the past received any form of counselling, therapy or mental health support? Yes / No**  **Please give details:** | | | |
| **What kind of help? (E.g. Counsellor, psychiatrist, psychotherapist, CPN.)** | **Institution (if relevant)** | **Date started** | **Date**  **finished** |
|  |  |  |  |

*Disclosure of any information below does NOT automatically exclude you from obtaining a place on this training. However, failure to disclose any such information may result in the refusal or the termination of a place on the course.*

**Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?**

**Yes** (please declare on an attached statement) **No**

**Have you ever been or are you currently in the process of being refused or expelled from membership of any professional body/register or training course?**

**Yes** (please declare on an attached statement) **No**

**Are there any other factors which could call into question your suitability for this training?**

**Yes** (please declare on an attached statement) **No**

**We want to ensure that you are successful on your course, please answer the following question.**

Do you have any additional needs or disabilities that we should know about – eg a disability affecting mobility that could affect access to classrooms, a learning difficulty such as dyslexia, or any other support needs?

I certify that the information given is correct and I give permission to the interviewing tutors to contact my referees.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Please return this form to:

Cecilia Jarvis

[cecilia.jarvis@marywardcentre.ac.uk](mailto:cecilia.jarvis@marywardcentre.ac.uk)