

2021 - 2022

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| --- | --- | --- | --- | --- |
| **Please complete form WORD PROCESSED ONLY** | | | | |
| Full Name: | | | Title: | |
| Email Address: | | | Date of Birth: | |
| Address: | | | | |
| Mobile Number: | | | | |
| **FOR OFFICE USE ONLY** | | | | |
| Date of Receipt: | Application Number: | | Registration: | |
| STA / BED / LTN / WGC / ON | M / T / W / T / F | AM / PM | Allocation # | AT: |
| *It is essential that whilst on this course you provide The Training Centre with a personal email address that other people do not have access to. A work email address or group family email is not acceptable due to the sensitive nature of some correspondence that you may have with your tutor.* | | | | |

**PREFERRED TRAINING LOCATION**

Please tick your **first and second** preference (where applicable) of training location:

**ST ALBANS** The Counselling Foundation Training Centre

College Yard

Lower Dagnall Street

St Albans

AL3 4PA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | 1st | 2nd |
| Evening | Monday | 6:00pm – 9:30pm |  |  |
| Morning | Tuesday | 10:00am – 1:30pm |  |  |
| Evening | Tuesday | 6:00pm – 9:30pm |  |  |
| Morning | Thursday | 10:00am – 1:30pm |  |  |

**BEDFORD** The Counselling Foundation

Tavistock Yard

58 Tavistock Street

Bedford

MK40 2RD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | 1st | 2nd |
| Evening | Thursday | 6:00pm – 9:30pm |  |  |
| Morning | Friday | 10:00am – 1:30pm |  |  |

**LUTON** Stopsley Baptist Church

St Thomas’ Road

Luton

LU2 7XP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | 1st | 2nd |
| Morning | Wednesday | 10:00am – 1:30pm |  |  |

**WELWYN GARDEN** Welwyn Garden City Central Library

**CITY** Campus West

Welwyn Garden City

AL8 6AJ

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | 1st | 2nd |
| Morning | Tuesday | 10:00am – 1:30pm |  |  |

**ONLINE** Thiscourse will be fully virtual and held via Zoom. Students be required to have a laptop or computer connected to a reliable internet connection.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | 1st | 2nd |
| Morning | Tuesday | 10:00am – 1:30pm |  |  |
| Morning | Wednesday | 10:00am – 1:30pm |  |  |
| Evening | Wednesday | 6:00pm – 9:30pm |  |  |

*Dates, times and course venues are set according to demand and so are subject to change. The Training Centre reserves*

*the right not to run the course if recruitment does not reach the minimum numbers and any monies paid will be refunded.*

**ABOUT YOU**

**Please answer the questions below noting that all answers will be kept strictly confidential.**

1. **Have you already completed an introductory course in counselling skills?**

Yes No (please circle)

If ‘yes’ please give details of the course(s) completed:

Name of course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates when undertaken/completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide information as to what you gained from this course:

1. **Why would you like to do this course? What are you hoping to gain from it? Why do you want to do the course now, at this time in your life?**
2. **What events or circumstances in your life do you feel draw you to the practice of counsellor training?**
3. **What opportunities do you currently have to practise counselling skills either as part of your paid employment or as a voluntary worker?**

(If none, indicate what opportunities you might be able to develop in this area).

1. **Have you ever had personal counselling or therapy?**

Yes No (please circle)

If yes, please highlight the circumstances that led you to seek counselling.

###### Reminder: Such information will be regarded as strictly confidential

#### Have you, or a family member, had contact with one of our Counselling Centres; either in the past or currently?

If yes, please specify which centre and the nature of the involvement*.*

1. **Briefly describe your personal strengths and limitations/weaknesses as they relate to your desire to study counselling at certificate level.**
2. **What would you list as your significant life events/changes/loss?**
3. **Which would you list as being your key/important relationships, such as partner, spouse, sibling, child, other family member, friend, etc?**
4. **Should your application be successful what changes do you envisage in your personal life as a consequence of undergoing this course of study?**
5. **Do you have any special needs/disabilities, including any special need for learning support, which we should be aware of when considering your application? If so, please state briefly.**
6. **Do you have any physical or mental health conditions which may affect your ability to participate or complete the course? If so please state briefly.**

Please note that subject to circumstances, a criminal record will not necessarily prevent you from continuing your training; however, a Disclosure & Barring Service (DBS) is required for the continuation of training beyond this course.

1. **Have you ever had any convictions (spent or unspent), cautions or pending cases that are not protected under the Rehabilitation of Offenders Act (1974)?**

*If yes, please supply details noting that all details will be kept strictly confidential.*

1. **Is there anything else you would like to let us know about yourself, your circumstances or your application?**
2. **Have you received treatment in the last 3 years for any form of addiction? If so, please state briefly.**
3. **How did you find out about our training courses?**

**COURSE FEES**

**A £110 registration fee is payable at the time of application.**

You may cancel your application and you will be refunded all monies any time up to 14 days from receipt of your application form. After 14 days the registration fee is non-refundable.

Subject to receipt of the application form and the registration fee, successful candidates will be required to pay the course fees in accordance with the below options no later than 14 days of The Counselling Foundation offering you a place on the Certificate course in writing.

**PAYMENT OPTIONS**

The Foundation Certificate course fee for 2021/22 is **£2,300** + **£110** registration fee.

If you would like to discuss a personal payment plan, please email [training@counsellingfoundation.org](mailto:training@counsellingfoundation.org) before you submit your application form.

Following payment of your **£110** registration fee, the course fees can be paid via one of the options below.

**PLEASE TICK OR CROSS ONE OF THE THREE OPTIONS BELOW:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **√** | **OPTION 1** | **FULL COST** | **DEPOSIT** | **10X MONTHLY PAYMENTS** | **PAYMENT DATE** |
|  | Instalments | £2,300 | £720 | £158.00 | Deposit and Direct Debit information to be received within 14 days of offer |
| **Monthly payments start in September 2021 and run to June 2022** | | | | | |

|  |  |  |  |
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| **√** | **OPTION 2** | **FULL COST** | **PAYMENT DATE** |
|  | Payment in full  **(Save £200)** | £2,100 | To be received within 14 days of offer |

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| **√** | **OPTION 3** | **FULL COST** | **PAYMENT DATE** |
|  | Payment by employer  **(Save £200)** | £2,100 | Payment to be received within 30 days from invoice date |

**PAYMENT METHODS**

**BANK TRANSFER**

Payment is preferred by electronic bank transfer. Please use the details below to transfer payment over to The Counselling Foundation. **Please reference all bank transfers with your surname.**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACCOUNT 1** | | **ACCOUNT 2** | |
| **Barclays Bank** | | **CAF Bank** | |
| **Account name** | The Counselling Foundation | **Account name** | The Counselling Foundation |
| **Account number** | 30459291 | **Account number** | 00083770 |
| **Sort code** | 20-92-54 | **Sort code** | 40-52-40 |
| **Business Number** | 2713806 |
| **Charity Number** | 1014988 |

**INVOICE**

Alternatively, you can pay via invoice which is sent to the email address on this application. With this method you can use card or PayPal to make payment.

**DIRECT DEBIT**

Direct Debit payments are to be set up before the course starts in September. Information on how to set these up will be sent once you have been given an offer.

**PAYMENT BY EMPLOYER**

If your fees are being paid by your employer, please complete the information below:

|  |  |
| --- | --- |
| Company Name |  |
| Company Address |  |
| Contact Name |  |
| Contact Email Address |  |
| Telephone Number |  |

*For queries around payment of the course fees, please e-mail* [*accounts@counsellingfoundation.org*](mailto:accounts@counsellingfoundation.org)

**DATA PROTECTION**

Your details will be maintained on our electronic systems to allow us to contact you about your application and the course, including feedback. Your details will not be shared with other organisations. You can unsubscribe at any time by contacting [training@counsellingfoundation.org](mailto:training@counsellingfoundation.org)

**Please tick one of the following options:**

|  |  |
| --- | --- |
|  | I give permission for my details to be used to contact me about this and selected other courses at the Foundation |
|  | I give permission to be contacted about this course only. |

**TERMS AND CONDITIONS**

I am applying for the Foundation Certificate in Psychodynamic Counselling Skills and Theory Course (2021 - 22) on the basis of the Course Brochure and this Application Form. I have read and understood the Terms and Conditions of this course as outlined on the course web page.

<http://www.counsellingfoundation.org/training/foundation-certificate-in-psychodynamic-counselling/>

I accept that the cost of this course will be as stated above, and I agree to pay this fee either in full before the course begins or instalments as detailed.

Should Iwithdraw or defer for any reason and at any point during the training, I remain liable for the course fees calculated as the sum of:

i. fees for sessions that have taken place prior to the withdrawal/deferral date (based on a pro rata calculation of the whole year course fees over 30 sessions per annual course) plus,

ii. fees for 10 weeks of term time from the withdrawal/deferral date (calculated pro rata based on a 30-week annual course)

This also applies if I withdraw or defer before the start of the academic year and after the 14-day cancellation period; in which case, I am liable for fees calculated at 10 weeks based on a 30-week annual course. The Counselling Foundation courses are a contract for services which is completed when we have finished providing the services for the current academic year.

I understand that The Foundation reserves the right to withdraw a course if the required numbers are not met. In this event any monies paid will be refunded to me.

I confirm that the information given in this application form is true, complete, and accurate. No information requested or other relevant information has been omitted.

I accept that failure to disclose a conviction, pre-existing medical or mental health condition which later comes to light may result in withdrawal, suspension or deferral of a place on the course.

|  |  |
| --- | --- |
| Signed |  |
| Print Name |  |
| Date |  |

**CHECKLIST**

**The following documents need to be sent with your application:**

* Completed and signed Application Form
* A copy of an up-to-date CV
* Your completed Equal Opportunities Form
* Proof of the payment of your non-refundable registration fee of £110

*Equal opportunities forms can be found on the website:* <http://www.counsellingfoundation.org/training/foundation-certificate-in-psychodynamic-counselling/>

**HOW TO SUBMIT**

Due to the current situation, we are unable to accept any posted application forms. Please email your application form to [training@counsellingfoundation.org](mailto:training@counsellingfoundation.org) in either a word or PDF format.

**DEADLINE**

The deadline for Foundation Certificate application forms is the **31st August 2021**. Subject to availability, we may be able to accept late applications, however this is not guaranteed.

**CONTACT US**

If you have any questions regarding the application process, please email the training team on [training@counsellingfoundation.org](mailto:training@counsellingfoundation.org) or call 01727 868 585 option 3 for training.

Pease note that during the current situation there might be a delay in responding to phone messages and we would suggest emailing in the first instance.