



COURSE APPLICATION FORM

OFQUAL REGULATED COUNSELLING TRAINING COURSES

Course title		Entry requirement
ABC Level 4 Diploma in Therapeutic Counselling		Successful completion of Level 3 Certificate in Counselling Skills

Please tell us about you: Please use block capitals.

Family name:

First name:

I identify my gender as ..

Address:

Post Code:

Mobile No.

Email address:

Please write this clearly

Learning support needs: please give us as much information as you can so that we can help support your learning needs.

Do you have any physical disabilities?

For example, any physical impairment. (sight, hearing etc. please specify)

Do you have any physical /medical issues that we would need to know about?		<i>For example, diabetes, epilepsy, ME etc.</i>
Do you have any learning difficulties		<i>For example, Dyslexia</i>
Are you a mental health service user		
If yes, please give us some more information		

Please give details about your education and training with your most recent first.

Dates From/to	Training organisation / school / college / university & result

**Please list any qualifications in date order with your most recent ones first.
No previous experience necessary for Level 2 Counselling Concepts, but Level 2 qualification in English is helpful.**

Dates from/to	Qualification

Please give details of your employment / work experience, paid or unpaid.

Dates	Employment. <i>Please give a brief outline of your role and responsibilities</i>

