

# Application to train with Surrey Counselling Training Academic Year 2011 - 2012

**PLEASE NOTE: -**

When we receive your Application, you will be sent a Registration Form to complete and return. You will be asked to send a £175 non-refundable deposit at that stage. This will secure a place on the course pending your full enrolment

Please answer all the following questions and fully complete the form.

**Name:**   
(First given name, then Surname)

**Date of Birth:**

**Address including post code:**

**Contact**

**Work Telephone number:**

**Home Telephone number:**

**Mobile Telephone number:**

**E-mail address:**

**How would you describe yourself in terms of origin and background?**







**Please give details of the course you are applying to join.**

Course Title	From	To

**Please describe your reasons for wishing to follow this course**

**In your own words describe what qualities and values would you expect someone attending the course to display toward other people and explain the reasons you believe this to be true.**

**PLEASE DO NOT PRODUCE A LIST**

Someone attending this course would need to . . . . .

## **Personal Reference**

**This should be submitted by post and separately to the Application.**

**Please ask your referee to comment fully on the areas described.**

**The reference should be submitted to arrive no more than 7 days after you have submitted your Application.**

**We require a reference from someone who knows you in a professional capacity as a Colleague.**

**This could be a: -**

- **Former (within the last 5 years) or current tutor**
- **Workplace colleague**
- **Current Workplace Manager**

**Friends and or relatives will not be acceptable.**

**This referee should comment on the following areas: -**

- **How long they have know you and in what capacity**
- **Your willingness and ability to engage with others**
- **Your reliability & punctuality**
- **Your capacity to maintain effective boundaries**

**Please list any difficulties or disabilities which you consider we need to know about in order to help you with your learning. Please also indicate details of any medications you require.**

**If you know of anyone else who is applying for the course this year please indicate their details below and also explain your relationship to them**

**If an agency or organisation is paying your fees please give details:**

**Name of contact person:**

**Organisation Name:**

**Address including post code:**

**Contact phone number:**

**Please note that the organisation / agency will need to provide a cheque for £175 as deposit when you submit your Registration Form. An invoice marked "paid" will be issued.**

**How did you learn about the course?**

**Please indicate whether you have any criminal convictions or pending court cases.**

**APPLICANT'S DECLARATION**

I declare that the information I have provided within this application is an accurate record and I give my consent to Surrey Counselling Training to process this information in accordance with the Data Protection Act 1998

Signature ..... Date .....

This application will be acknowledged within no more than 10 days of receipt and considered by the tutors who may request you to attend an assessment process.

**THIS IS NOT A REGISTRATION FORM OR AN ENROLMENT FORM.**

Upon receipt of this Application, you will be sent a Registration Form (usually by email) to complete and return.

When sending back the Registration Form you will need to send your £175 non-refundable deposit which secures your place on the course

Once your £175 deposit is paid you will be contacted (usually by email) confirming that your place has been allocated pending final payment and enrolment.

You will not become a student until you Enrol and make your final payment for the course.

**PLEASE SEND THIS APPLICATION TO:**

**Admissions Team  
Surrey Counselling Training  
4 Weldon Drive  
Bishop Fox Way  
Molesey  
Surrey  
KT8 2NT**