

Centre for Counselling and Psychotherapy Education

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APPLICATION FORM DIPLOMA COURSE

Name: _____

Address: _____

_____ Post Code: _____

Telephone: _____ Mobile: _____

Email: _____

Date of Birth: _____ Occupation: _____

Education: (O/A Levels, GCSE, University, etc.)

Experience in Therapy, Counselling, Psychology and/or Education:

How do you intend to use the training in your work?

Do you practise meditation and what form?

How do you describe your spiritual life?

Theoretical study and essay writing are components of the training. Please comment on your ability in this area.

What is your purpose in applying to join this training in terms of:

- (a) Your Personal Growth ?
- (b) Professional Goals ?

Why are you applying for this particular course?

Your training is a personal journey which could affect you radically in all aspects of your life. *Please reflect and comment.*

The work done in personal therapy is central to the training experience.

It is a requirement that you undertake, at your own expense, on-going weekly therapy with a Centre-approved therapist for the duration of your training.

Are you willing to make this commitment?

Evaluate the support system, both personal and material, you have for undertaking the training.

Is there any information that we should know about regarding your present or past circumstances e.g. criminal record, psychiatric history, special needs etc?
