

CERTIFICATE IN COUNSELLING SKILLS

APPLICATION FORM

CONFIDENTIAL

Name.....

Address.....

.....

Telephone number: Day.....

Evening.....

Date of birth.....

Occupation.....

.....

Qualifications: *You need only include qualifications gained after secondary school*

Please complete each of the following sections

1. Reasons for applying for course

2. Experience of working with people, including voluntary work

3. Interest in counselling

Write about how your interest in counselling developed. You can include life experiences which may have influenced you. Please use a separate sheet of paper if necessary.

4. References

Please supply details of two referees

Name.....

Address.....

.....

Telephone number.....

Occupation.....

Name.....

Address.....

.....

Telephone number.....

Occupation.....

Date of application.....

Signed.....

**Return form to the Training Co-ordinator at Enfield Counselling Service.
Include application fee (£15.00 made payable to Enfield Counselling Service)**