







London Foundation Certificate in Counselling and Psychotherapy

APPLICATION FORM

Please complete clearly, in black ink or on a PC.

First name (s):

Gender (M/F):

Section 1- Personal/Contact Details

Date of birth:

Country of birth:

Nationality:

Please insert/attach a recent passport photo

Address:

.......Postcode:

Principle telephone number:

Alternate telephone number:

Website, if appropriate:

Section 2 - Education

Schools/Colleges/Universities attended since the age of 15:					
<u>From</u>	<u>To</u>	Name of Institution			
Qualifications gained:					
<u>Date</u>	Qualifi	<u>cation</u>	Subject	<u>Grade</u>	
Psychotherapy/counselling training (if relevant):					
Training institute/college:					
Course title:					
Start/end date of course:					
Theoretical Approach:					
Qualification gained:					
Was your previous course accredited?					

Section 3 – Psychotherapy, counselling and other work experience Current Occupation Have you had any previous experience as a counsellor or psychotherapist? YES/NO Details of any psychotherapy or counselling work experience: Are you currently a member of any governing body or counselling organisation? YES/NO If YES, please give details (e.g. name of organisation and current status) Are you currently in personal therapy/counselling? YES/NO Have you ever been in personal therapy/counselling? YES/NO If YES to either of the above, please state how many hours you have had: Other relevant work experience (please insert an additional page if you need more space):

Section 4 – Personal Statement Please write a few words about yourself (no more than 250), explaining why you wish to take this foundation course in counselling and psychotherapy, and telling us anything else you would like us to know about you, which you feel is relevant to this application.

Section 5 - References			
In line with government guidelines, we need to ask whether you have a criminal record: YES/NO			
If YES, please provide details:			
Please provide the name and email address of one professional referee, whom we can contact:			
Section 6 - Declaration			
I confirm that the information on this form is correct, to the best of my knowledge.			
Signature: Date:			
Please keep a copy for your own records, and submit this application, together with a current CV , to the Course Director, Jean Miller, UKCP reg., either by scanning and emailing to:			
jeanmuswell@gmail.com			
or by posting to:			
Jean Miller, 40 Grosvenor Road, Muswell Hill, London N10 2DS.			