



LISTENING POST

Foundation Course in Counselling Skills and Counselling Studies (CPCAB Certificate CSK-L2 / CST-L3)

APPLICATION FORM

Please **complete** in full either using **black ink or typeface**. Curriculum vitae may be enclosed in addition to the completed application form.

PERSONAL DETAILS (Please write clearly using capital letters)

Surname:	First Name(s):
Title:	Date of Birth:
Address:	
Post Code:	e-mail:
Telephone No (home):	Telephone No (work):

PRESENT EMPLOYMENT (If applicable include volunteer employment)

Job Title/ Volunteer Role (if applicable):
Work Address:

1. Please state why you wish to attend this course?

2. As this course requires maximum attendance, commitment to personal study and the production of a portfolio of work how confident are you that you can meet these criteria?

3. What qualities can you contribute to this course? What would you say are your strengths and weaknesses?

4. Please give a brief resume of your level of education and relevant work experiences, including any pastoral and /or counselling experience.

5. a) As a client have you experienced any personal counselling / therapy? (YES /NO)
b) Have you experienced any major life change or personal loss in the last 12 months? (YES /NO)
(Please note that this is not a personal therapy course.)

6. Signature:	Date:
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**Please return the completed form as soon as possible to:
John Carter, Listening Post, Admiralty House, 11a Spa Road, Gloucester, GL1 1UY**