

Course Application

Programme being applied for: Start date:

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| **Personal Details** | |
| Title |  |
| First Name |  |
| Surname |  |
| Address with postcode |  |
|  |
| Date of Birth |  |
| Home Phone |  |
| Mobile |  |
| Email |  |

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| **Relevant Qualifications** | | | |
| Qualification | Place of study | Awarding Body | Date completed |
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| **References** |
| Name, Address and telephone number – referee 1 (must be a counselling tutor if applying for level 3 or above**)** |
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| Name, Address and telephone number – referee 2 |
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| **Additional information – please note below any information that may be necessary or helpful when we are processing your application. Please ensure you include any learning support needs or medical conditions that we should be aware of whilst you are studying with us.** |
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| **Please briefly explain your reasons for undertaking the programme you are applying for.** |
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Signature of applicant:

Print name:

Date:

Once we have received this application we will get in touch with you to discuss start dates, entry requirements and any other relevant information regarding your application or your chosen programme. If you have any questions in the meantime please feel free to contact us.

Please note that once accepted onto a programme, this application form will be kept securely for administrative purposes and will not be shared with third parties.

**Chapters Counselling & Training**

**Unit 17 Parsons Court, Welbury Way**

**Aycliffe Business Park, County Durham DL5 6ZE**

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