**Counselling Courses**

Please complete this form clearly and email to kate@broadwaycounsellingservices.com

***Please highlight/circle your preferred course:***

**Level 2 Certificate in Counselling ----------------- Daytime - Evening – Saturday**

**Level 3 Certificate in Counselling Studies ------Daytime – Evening –Saturday**

**Level 4 Diploma in Humanistic Counselling**

**Personal details – *Your personal information will be treated as confidential, the information given here will be given to your Course tutor.***

Mr /Miss /Mrs /Ms Forenames Surname

Age Date of Birth Gender

Address

Post Code

Phone Number Mobile Phone Number

Email address

**Emergency Contact:** Name Relationship

Telephone Number/s

**Counselling Qualifications and/or Experience**

IF YES please give details:-

Where did you study: Date Passed:

Awarding Body: Qualification Name:

 *(CPCAB/NCFE)*

Where did you study: Date Passed:

Awarding Body: Qualification Name:

 *(CPCAB/NCFE)*

Where did you study: Date Passed:

Awarding Body: Qualification Name:

 *(CPCAB/NCFE)*

**IF No:- Please note you can apply for the Level 2 Certificate in Counselling**

Have you ever received or are you receiving counselling now? **YES / NO** (If **YES,** please give brief details)

**3. Personal Statement** - What are your reasons and motivation for wanting to join this course.

**About 500 words**

**Support needs**

Do you have a learning difficulty? **YES / NO**

Do you have a disability or a problem with your health? **YES / NO**

**If YES, please indicate below the nature of your learning difficulty, disability or health problem and indicate if you will require additional support from Broadway or your tutor.**

**We can also apply to the CPCAB for additional requirement if needed.**

Have you previously received special consideration for examinations? (E.g. extra time): **YES / NO**

***Please note: If you have answered yes to any of the above, we will contact you to offer additional support to ensure that you receive the support you need before you begin your course.***

**Psychological Resilience**

Do you have any mental health issues which the course core tutor should be aware of? **YES / NO**

If **YES**, please give details:

**7. Fees**

**Please note:** You will be given details on how to make payment once you have been accepted onto the course

Please indicate how you intend to pay for your course below:

Monthly instalments (First month’s instalment is due before you start)

In full (Payment will need to be made before you first day)

**8. References –** Please provide the names of two people who have known you for at least a year

**If you have completed training with Broadway and you are progressing, please state the name of your core tutor. You will not need to supply further referees.**

**Referee** *(academic or work related)*

Name

Address

.

Post Code:

Email Address

**Referee**

Name

Address

Post Code:

Email Address

**5. Criminal Conviction**

Do you have any relevant, unspent criminal convictions? **YES / NO**

*You only need to tell us about some specific convictions. Please read the guidelines below carefully to see if you need to let us know about ‘relevant’ and ‘unspent’ convictions.*

‘Relevant’ convictions means convictions for offences:

* Against the person, whether of a violent or a sexual nature.
* Involving the unlawful supply or use of controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking.

If you are applying for the Level 4 Diploma in Humanistic Counselling most placement will require a DBS check.

***If you declare that you have a conviction, you will be asked to provide further information and we may request a Current DBS for the level 4.***

This is to help us access if the courses are suitable for you.

Having a criminal record will not necessarily prevent you from studying with us however it will depend on the nature of the circumstances and background of the offence.

**If you do not disclose a relevant conviction, then this could result in losing your course and your qualification being revoked.**

**Residency and Nationality**

Are you an asylum seeker/ Refugee? **YES / NO** Nationality

If **YES**, please provide a copy of your Grant of Asylum document

Have you been resident in England **for a minimum of 3 years** preceding the relevant start date of your course?

**YES** / **NO.**

If **NO**, please give details of countries you have been in and dates.

Country From To

**Prior Attainment -** Please tick your highest level of qualification or education:

 Entry Level 6 (Bachelor Degree, Graduate Certificate and Diploma)

 Level 1 (Fewer than 5 GCSEs A-C) Level 7+ (Masters PhD, Postgraduate Certificate and Diploma)

 Level 2 (5 GCSEs A-C) No Qualifications

 Level 3 (NVQ3, 2 A levels)

 Level 4 (Certificate of Higher Education, NVQ4) GCSE English Grade ……………….

 Level 5 (Foundation Degree) GCSE Maths Grade ………………..

**Employment status** Please tell us your employment details

**For example: - Full or Part time paid employment – Self employed**

**13. Which of the following would best describe your ethnic origin?** (Please tick the appropriate box)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| White – English/Welsh/Scottish/N.Irish/British |   |  | Bangladeshi  |   |
| White – Irish  |   |  | Chinese |   |
| White – Gypsy or Irish Traveller  |   |  | Any other Asian background |   |
| White – any White other background  |   |  | African |   |
| White and Black Caribbean  |   |  | Caribbean |   |
| White and Black African  |   |  | Any other Black/African/Caribbean background |   |
| White and Asian  |   |  | Arab |   |
| Any other mixed/multiple ethnic background |   |  | Any other ethnic group |   |
| Indian  |   |  | Not known / not provided |   |
| Pakistani  |   |  |  |  |

**Where did you hear about this course?**

CPCAB Brochure Website Friend/s Employer Other (please specify)

**Privacy Notice**

GDPR

Your personal data will be processed in accordance with the General Data Protection Regulations and the UK Data Protection Act. We will use the information you have provided here to support the counselling course.

We may need to share your information with the CPCAB this will be only on the minimum required for you to complete the courses that we provide. The information will not be shared outside of the Broadway unless there is a serious breach or gross misconduct that leaves us no choose.

We do not sell information or share for the benefit of others for any gains to Broadway.

If require full information on our privacy policy please email kate@broadwaycounsellingservices,com

Broadway may contact you after you have completed the course however this would be with written consent and your tutor will ask you on your last day.

**Broadway keeps hold of details for 12 months after qualifying then your name and CPCAB student code remains on our database for five-year post qualifications you need to obtain prof of qualification. After this time then your contact would be the CPCAB.**

**The only change to this would be if you remained in employment with Broadway Counselling services then we would recontact on how we store your information.**

**Student Signature**

**Print Name**

**Date**