Candidate application form for CPCAB Level 4 Diploma in Therapeutic Counselling (TC-L4)

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| Name:(Please include all previous surnames) | Address: |
| Telephone No:Mobile No: | Email: |
| Date and Town of Birth: |
| CPCAB Candidate No: (If appropriate) | Please disclose any Mental Health conditions and/or other learning support that may be required so that we can offer you the appropriate support with your studies: (This is particularly important given the nature of the course) |
| Gender: | Preferred Pronouns: |

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| Counselling Training |
| Level 2 Certificate in Counselling Skills:Year:Number of hours:College/Institution:Examining body:Teacher:Level 3 Certificate in Counselling Skills and Theory:Year:Number of hours:College/Institution:Examining body:Teacher:Other training and qualifications: |
| About youWhat motivates you to train as a Counsellor?What relevant work and life experience have you had that contributes to your understanding of the role of Counselling?How would you describe your time-keeping and time-management?What personal insights have you experienced from your training so far?What role do you undertake in groupwork?What is your view about the different Counselling Theories? What are you drawn to and what didn’t you like so much? |
| About your workWork experience (either paid or voluntary).  |
| ReferencesPlease send the additional reference form along with this form to hello@ccted.co.uk |