





adminecedartraining.co.za



068 375 1992



22 Gardner Williams Avenue, Paardevlei, 7130

APPLICATION FOR PROFESSIONALTRAINING PROGRAMME AS A COUNSELLOR							
Surname:	Date of Birth:						
Name:	Age:						
Telephone/ Cell:							
Email:							
Physical/Postal Address:							
	[Insert photo here]						
NEXT OF I	KIN DETAILS						
Name:	Surname:						
Physical/Postal Address:	Telephone/Cell:						
Email:	Relationship to applicant						
How are you planning to fund your studies, if selected	?						







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PERSONAL DETAILS											
¹ Race	Black White Indian/Asian Coloure					loured					
Gender											
Nationality											
Relationship St	atus:										
Do you have ar	Do you have any disability that may impact on your training: Yes No										
If Yes, what is	the nature of your	disability:									
What reasonable accommodation would you require if selected?											
Are you curren	tly employed?		Yes	,	No						
Medical history	7:		1								
Psychological l	nistory:										
Criminal record	l / history:										
Please indicate your proficiency in the following languages by using the ratings: good/average/weak/none											
Language	Un	derstand	Speak			Write					
English											
IsiXhosa											
IsiZulu											
Afrikaans											
Other South Af	†			-							

¹ For purposes of training/employment equity





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	ACADEMIC DETAILS UNDERGRADUATE PSYCHOLOGY RESULTS									
Year	Institution	Average marks for psych aggregated mark for you	%							
	Psychology 1 (Average of all Psychology 1 modules)									
	Psychology 2 (Average of all Psychology 2 modules)									
		Psychology 3 (Average	of all Psychology 3 modules)							
	UNDI	OLOGY RESULTS								
What is	s the status of your Psycl	nology Undergraduate	Current	Completed						
	Degree?			Year:						
If you a	are currently enrolled for indicate at which I	•								

Year	Institution	Psychology Modules	%
Overall Res	sult (%)		







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Have you completed any of the following Psychology Modules in Undergraduate:							
Module Yes							
1	Psychopathology						
2	Psychological Assessment/Psychometry						
3	Personality theory						
4	Research Psychology						
5	Counselling skills						
6	Community Psychology						

Please indicate any Postgraduate qualifications that you have									
Year	University	Course (e.g. Hons., MA, PHD, Post-graduate diploma)	(e.g. Hons., MA, PHD, Post-graduate diploma)						
		your full academic record detailing the other courses that you com							

1	here	by	dec	lare	that	the	above	inf	forma	tion is	s corre	ect.

Full name:

Signature:

Date:

Please email this document to the following email address admin@cedartraining.co.za by the due date (midnight, 30 November 2024)