



THE NORWICH CENTRE

## Diploma in Counselling Application Form

Surname:

Forename(s):

Please state preferred title:

Address:

Home Tel:

Mobile phone:

Email:

Postcode:

*Please tick this box if you are happy for us to send you emails about workshops/courses/job opportunities we may have in the future:*

Date of Birth:

Nationality:

If English is not your first language please indicate and enclose evidence of your IELTS score (Please note you should have a minimum score of 7)

**Do you have any disabilities/special needs relevant to your application for this course of study?** (This information does not affect any academic decision about your application but enables us to put in place any individual arrangements or facilities for the start of the course. For information about accessibility at the Norwich Wellbeing Centre please visit our website or contact us.)

**Do you have an 'unspent' criminal conviction? Yes                      No**

If 'Yes' please send details under separate confidential cover to Maggie Southworth at The Norwich Centre, 7 Earlham Road, Norwich NR2 3RA

**SUPPORTING INFORMATION:**

This information must be completed in support of your application. The course tutors may need to contact you to discuss your application.

**Current occupation/employment:**

**Past Occupation/Employment:**

**If you have worked as a counsellor please give details here:**

**Previous counselling skills training (including any you did not complete):**

**Education:**

Please give details of your educational experience from and including school. Date, names of institutions and examinations passed (with grades if relevant) should be given.

**Your reasons for wanting to embark on this course at this time:**

**Your present strengths and weaknesses in the role of helper as you perceive them:**

**How does person-centred philosophy, theory and practice, as you currently understand them, relate to your own personality and experience? (Do not hesitate to comment on the “conflict” as well as the “fit”):**

**What role (if any) has spirituality played in your life?**

**Please reflect on the potential impact on your life and relationships of undertaking this training:**

**How will you meet the financial commitment of the course?**

**This course involves extensive academic work, how to you plan to cope with this?**

**Is there anything else you wish to add in support of your application?**

**Referees:**

I have approached the following two persons to act as referees for me, given them a copy of 'Details for Referees' as well as a photocopy of the Course Brochure and asked them to forward references directly to you as soon as possible (give names and address) NB Please include one of your trainers as a referee if you have undertaken a skills training:

Name:

Name:

Address:

Address:

Telephone:

Telephone:

Email:

Email:

Relationship to referee:

Relationship to referee:

I confirm that the information given in respect of this application is correct and complete and that I have completed this form myself. I understand that the Norwich Centre will keep my personal details confidential and these will only be used to assess my suitability for this course and to contact me in respect of the course.

Signed:

Date:

The Norwich Centre, 7 Earlham Road, Norwich, NR2 3RA  
Tel: 01603 617709  
Website: [www.norwichcentre.org](http://www.norwichcentre.org)  
Registered Charity No. 1005967

Email:  
[training@norwichcentre.org](mailto:training@norwichcentre.org)