



NCFE  
Level 3 - Certificate in  
Counselling Skills and  
Theory

CONFIDENTIAL

Name:		D.O.B:	
Contact Address:			
Postcode:		Email address:	
Day tel. no:	Eve tel. no:	Mobile tel. no:	
<b>EDUCATION AND QUALIFICATIONS</b> - add Level II counselling qualification (or equivalent qualification) details first. <i>Please attach a copy of this qualification to this form</i>			
Dates	Educational/training organisation	Qualification	Result/grade
<b>WORK EXPERIENCE</b> - current or last employment first			
Dates	Employer name and address	Job title (and brief description if appropriate)	
Is your current employer aware of your application to join this course? - tick appropriate box			Yes
			No
			N/a

Please explain in your own words why you wish to undertake this course. It is important to mention both personal and professional reasons, as well as providing some reflection on learning gained from your previous counselling training. Continue on a separate sheet if necessary.

**Please indicate how you are going to finance course fees.** Please tick the appropriate box

Full cost met by employer*		Cost divided by employer and self		<b>Full cost met by self</b>	
				In full at start of course	By instalment x 3 payments

\*If you are receiving financial support for this course please attach a signed and dated document from your benefactor, stating their intention to be invoiced for full or part payment of the course and includes a named contact, address and telephone number.

**REFERENCES - attach completed references to this form**

<p>● From your Level II counselling trainer, or someone who can comment on your academic and personal suitability to undertake this course</p>	<p>● From your current or last employer, or someone who can comment on your professional suitability to undertake this course.</p>
Name:	Name:
Position:	Position:
Address:	Address:
Postcode:	Postcode:
Tel. No:	Tel. No:

**PERSONAL DECLARATION**

I declare that the information contained on this form is accurate to the best of my knowledge. I understand that this information will be treated in confidence.

**Signed** ..... **Date** .....

Please tick this box if you do not wish your name to be added to SALSA's database.

**CHECKLIST - please ensure that the following forms are attached to this application.**

Photocopy of Level II counselling qualification certificate	Employer's financial support document (if appropriate)
Reference letter one	Reference letter two

