

Initial Application Form page 1

Confidential

Course Title (Please state mode if applicable)

.....

Personal Detail

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Others	
First Name:	Surname:
Address:	
.....	
Tel. No. (home):	Tel. No. (work):
E-mail:	Date or Birth: DD / MM / YYYY

Qualifications (academic and vocational)

.....

Occupation

Present:
Previous:
.....
Paid or voluntary work?

Previous Counselling Courses attended (if any)

(a) at WPF Therapy:
.....
(b) elsewhere:
.....

What experience of work within a helping relationship do you already have?

.....

Initial Application Form page 2

Reasons for training now

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Have you already been in counselling/therapy?

<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Please give approximate dates..... How many times a week?.....

Have you had any significant illness (physical or emotional) which has required medication or treatment during the last two years?

<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Please give details
.....

How did you hear about this course?

<input type="checkbox"/> Friend <input type="checkbox"/> Counsellor/Therapist <input type="checkbox"/> At Work <input type="checkbox"/> BACP
<input type="checkbox"/> Website (state where)
<input type="checkbox"/> Advert (state where)
<input type="checkbox"/> Other (please give details)

Have you ever applied for training to WPF Therapy before?

<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please state which course.....
Approximate dates: Year:

I accept that the cost of this course will be £and I agree to pay this fee either in full before the course begins, or termly in advance (see separate fee list). Should I withdraw from the course for any reason during the year I accept that I am liable for the whole fee for that year. I understand that WPF Therapy reserves the right not to run a course if recruitment does not reach required numbers.

Signature Date DD / MM / YYYY

No money should be sent with this application
Please remember to complete the enclosed Equal Opportunities Monitoring Form
and send it with your application. Thank you.

EQUAL OPPORTUNITIES MONITORING FORM

WPF Therapy is committed to Equal Opportunities and welcomes everyone without discrimination of gender, class, culture, marital status, age, physical ability, race, religion or sexual orientation.

The following questions are designed solely to help us ensure that our recruitment procedures operate in such a way as to provide genuine equality of opportunity and for no other reason. This monitoring information will not be passed to the selection panel.

You are not obliged to answer these questions, and should you decide not to, your chance of success will not be affected in any way.

COURSE TITLE (Please state)

Please tick the appropriate box below:-

A. Are you Male Female

B. Age under 25 25 - 30 30's 40's 50's 60's

C. I would describe my ethnic origins as:

African African Caribbean Asian Other European

UK European Dual Heritage Other (Self Describe)

D. (I) Do you have any disability? If yes, what is the nature of your disability and how may it affect you in meeting the requirements of the course? What special facilities would be necessary for you, if selected, to take part in the course? Please use the reverse of this form if necessary.

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.....

(II) Are you a registered disabled person? Yes No

E. Are you: Bisexual Heterosexual Gay / Lesbian

F. Are you: Buddhist Christian Hindu Jewish

Moslem No religion Other (please specify)

G. Where did you hear/see information about the Course? Friend BACP/TT Internet

Work (Please specify) College (which one)

Publication (which one) Other

H. Do you feel that our procedures or application form have discriminated against you in any way?

Yes No

If yes, in what way?

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.....
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