



STUDENT APPLICATION FORM

Please tick or highlight an appropriate course:

- Foundation Access course
- BSc (Hons) in Counselling & Psychotherapy (BACP accredited)
- MSc in Integrative Psychotherapy & Counselling
- MSc in Person-Centred Psychotherapy & Counselling
- Diploma in Clinical Supervision MSc in Clinical Supervision

Academic Year of Entry
<input type="checkbox"/> 2011 <input type="checkbox"/> 2012

<input type="checkbox"/> I enclose my completed APL (Accredited Prior Learning) form for entry into Year 2 3 4

PERSONAL INFORMATION

Full Name:

(Please include your full legal name)

Informal Name:

(If applicable)

Gender:

Address:

Post Code:

Date of Birth:

____ / ____ / ____

Home Telephone:

Mobile Telephone:

Email:

Where did you hear about us?

Have you previously attended our Information day?

Please give date

COUNSELLING QUALIFICATIONS

Organisation Name	Examinations(s) Passed & Grades	Dates	

EDUCATION

School Name (up to A Level)	Examination(s) Passed & Grades	Dates	

College/University Name (FE and or HE)	Examination(s) Passed & Grades	Dates	

ENGLISH LANGUAGE QUALIFICATIONS

Is English your first Language?

Yes No

If English is **not** your first language, please provide details of your English Language qualifications

	IELTS	TOEFL	OTHER (Please specify)
Grade / Level / Score			
Date			

PROFESSIONAL EXPERIENCE

Employer	Nature of Work	Paid/Voluntary	Dates	

OTHER EXPERIENCE

	Dates	

Have you received counselling or psychotherapy?

Yes No

If **Yes**, please give details:

REFEREES

We require two references. The first should be from your current/most recent employer or academic institution; the referee must have known you for at least two years. The second reference can be from another source; however, references from family members and friends are not usually acceptable.

Both references should be provided on **headed paper**, be signed by the referee and returned to the Sherwood Institute together with a reference front sheet. References should clearly state the full legal name of the applicant.

Please ensure that referees are provided with a copy of the Reference Front Sheet. Please take responsibility for forwarding two reference forms to your referees requesting them to return the completed forms direct to us

Please provide referee details below;

FIRST REFEREE	SECOND REFEREE
Name	Name
Address	Address
Job Title/Occupation	Job Title/Occupation
Organisation	Organisation
Relationship to Applicant	Relationship to Applicant
Email	Email
Telephone	Telephone

PERSONAL STATEMENT

(Please continue on a separate sheet if necessary)

Please describe your reasons for wanting to embark on this course at this time in your life.

Please describe personal strengths and attributes which you believe will assist you in relation to your selected Programme of study, together with any personal limitations and/or characteristics you believe may impede you.

Please outline ways in which you believe the psychotherapy/counselling approach you have decided to apply to study relates to your own personality and experience. Do not hesitate to comment on any areas of 'conflict' as well as those of 'fit'.

Please note; you are not expected to know a vast amount about the approach, and it is expected that your comments will reflect your current understanding. This question reflects our belief that the 'fit' between the person and the core theoretical approach is important in training.

Please include anything else you want us to know about you.

CRIMINAL CONVICTIONS

Have you ever been convicted, cautioned, bound over or do you have a conviction pending in any respect of any criminal offence, which is not considered spent?

YES

NO

If **YES**, please specify: date of conviction/caution/bind over conviction, court, nature of offence and sentence imposed or nature of conviction pending.

NOTE:

1. You are advised under the provision of the Rehabilitation of Offenders Act 1974, (Exceptions) Amendment Order 1986 a person should declare ALL convictions where working with children.
2. Disclosure of a conviction does not automatically debar applicants from consideration. The offence will only be taken into account if it is considered to be one that would make the applicant unsuitable for the type of training for which they have applied.
3. The information provided will be treated as strictly confidential and will be considered only in relation to this application for training.

Any additional comments:

DECLARATION

By signing below you are declaring that all the information you have provided in the completion of this application form is correct

Signed:

Date:

Please return the completed form to:

ADMISSIONS

The Sherwood Institute, Thiskney House, 2 St James Terrace, Nottingham, NG1 6FW, UK

Telephone: +44 (0) 115 844 7904 Fax: +44 (0) 115 924 2738

Email: admissions@spti.net www.spti.net



EQUAL OPPORTUNITIES QUESTIONNAIRE

The information you provide may be stored on SPTI computers in compliance with the Data Protection Act. This information will not adversely influence your application.

I. RACE AND ETHNICITY

These classifications are taken from the Office for National Statistics. Please tick to which category you belong

White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Asian <input type="checkbox"/> Other
Black <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other	<input type="checkbox"/> Other (please specify): <input type="checkbox"/> Prefer not to say
Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other	
Chinese <input type="checkbox"/> Chinese <input type="checkbox"/> Other	

b) If these categories seem inappropriate or inadequate to you, how would you wish to describe yourself?

II. DISABILITY

It is important that you tell us if you think you are a disabled person so that we can make arrangements for reasonable adjustments where appropriate. Do you consider yourself to have a disability/learning difficulty?
 Yes No

Are you in receipt of or are in the process of applying for **DLA (Disability Living Allowance)**? Yes No

Are you in receipt of or are in the process of applying for **DSA (Disability Student Allowance)**? Yes No

<input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyspraxia <input type="checkbox"/> AD(H)D <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Autistic Spectrum Disorder e.g. Aspergers	<input type="checkbox"/> Other specific Learning Difficulty: <input type="checkbox"/> Mental Health condition e.g. depression, schizophrenia, anxiety disorder <input type="checkbox"/> Deaf / Hearing Impairment	<input type="checkbox"/> Blind / Partially Sighted <input type="checkbox"/> Physical Impairment / mobility difficulties (Crutches / wheelchair user) <input type="checkbox"/> Long standing illness e.g. Cancer, HIV, Asthma, Epilepsy, Diabetes, Chronic Heart Disease.
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Other (Please specify)

III. HOW DO YOU DESCRIBE YOUR SEXUAL ORIENTATION?

<input type="checkbox"/> Heterosexual <input type="checkbox"/> Unclear <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender	<input type="checkbox"/> Other (Please specify)
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IV. WOULD YOU DESCRIBE YOURSELF AS A PRACTISING MEMBER OF ANY OF THE FOLLOWING RELIGIONS?

<input type="checkbox"/> Agnostic <input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> No religious beliefs	<input type="checkbox"/> Atheist <input type="checkbox"/> Hindu <input type="checkbox"/> Pagan <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Baha'i <input type="checkbox"/> Jain <input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish <input type="checkbox"/> Other (Please specify)
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V. DO YOU FEEL DISCRIMINATED AGAINST IN THE APPLICATION PROCEDURES FOR THIS COURSE?

Yes No
 If **Yes**, in what way?

VI. ANY ADDITIONAL COMMENTS?