**Application Guidance Notes**

Further information regarding the application process is available from our SPTI website via this link [www.spti.net/application](https://www.spti.net/application/)

Applicants are welcome to hand write or type the enclosed application form and you should ensure that all compulsory sections are completed in full and that you sign and date the declarations. Your form must be returned with your official signature. SPTI will accept an electronic paste of your signature, or you are welcome to hand sign the form. You should then submit a scanned copy of your application via email to [admissions@spti.net](mailto:admissions@spti.net) and/or print and return your completed application directly to us at: **Admissions, SPTI, 2 Castle Quay, Castle Boulevard, Nottingham, NG7 1FW**

**1. Your Personal Information**

We respect your privacy and are committed to protecting your personal data. Our privacy notice is available on our website at [www.spti.net/privacynotice](https://www.spti.net/privacynotice/). Please make sure you take the time to read and understand our privacy notice.

#### 2. Applying to a course at SPTI

One supporting reference is required to accompany your application:

* One **Reference Request Form**[www.spti.net/spti/wp-content/uploads/A02-Reference-Form-22Concepts.docx](https://www.spti.net/spti/wp-content/uploads/A02-Reference-Form-22Concepts.docx)
* The form will need to be completed by your referee and returned to Admissions. It should be submitted with the separate reference letter, produced where possible on company headed paper. Obtaining and ensuring the reference is received is the responsibility of the applicant.

**Fee payment**

The information below details how the admissions process works, supported by the SPTI Admissions Policy. A copy of the full policy can be downloaded via the following link:

[www.spti.net/AdmissionsPolicy](https://www.spti.net/AdmissionsPolicy/)

**Full Legal Name**

Your full legal name is required (including all middle names) as this is used to register you with SPTI and SEG Awards. This name must match your official identity documentation e.g. Passport / Birth certificate. Any subsequent changes to your legal name must be evidenced by official documentation such as a marriage certificate or deed poll change of name.

**Application Deadlines**

Applications are processed on a first come, first served basis, therefore early applications are advised to avoid disappointment. Applicants may wish to contact the Admissions Office in the first instance to confirm places are still available.

**Application Processing Timescales**

**W**e aim to respond to all applications within one month of receipt, if not sooner. In cases where this is not possible, applicants will be informed accordingly.

**Offers**

Acceptances of offers are processed on a first come, first served basis. Places are secured on receipt of the required payment and written acceptance of the offer.

**International Students**

SPTI is not a UK Home Office registered Sponsor with approval to admit overseas students. We can only consider applications from applicants who satisfy HOME fee residential status criteria

**If you need any more help in making your application, please do not hesitate to** [**contact us**](file:///W:\SPTI.net\institute\contactus.shtml)**.**

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| **Section 1: Course Application** | | | | | | | | | | | | | | | | | | | | | | |
| **Counselling Concepts**  **(Awarded by Skills and Education Group Awards)** | | | | | | | | | | | | | | **Start Date:** | | | | | | | | |
| **Section 2: Personal Information** | | | | | | | | | | | | | | | | | | | | | | |
| **Full Legal Name**  *(Passport/Birth Cert. name)* | | | | | *(Please note: this name will be used for official certificates and must include all middle names)* | | | | | | | | | | | | | | | | | |
| **Informal Name** | | | | | *(To be used for correspondence, Moodle & email account)* | | | | | | | | **Title**  *(e.g. Dr/Mr/Mrs/Miss/Ms)* | | | |  | | | | | |
| **Previous names**  *(Any name changes)* | | | | |  | | | | | | | | **Date of Birth** | | | |  | |  | |  | |
| **Address**  **Postcode** | | | | |  | | | | | | | | **Please confirm your Sexual Identification** | | | | ❒ Female  ❒ Male  ❒ Other | | | | | |
| **Home Telephone** | | | | |  | | | | **Mobile Telephone** | | | |  | | | | | | | | | |
| **Email address** | | | | |  | | | | | | | | | | | | | | | | | |
| **Where did you hear about us?** | | | | |  | | | | **Info Day**  **Date Attended** | | | |  | | | | | | | | | |
| **Section 3: Please provide brief details of your qualifications (School / College / Adult)** | | | | | | | | | | | | | | | | | | | | | | |
| Organisation Name,  Address & Postcode | | | | | | Start  MM/YY | End  MM/YY | Subject | | | | | | | Level e.g. GCSE, A level, BTEC, NVQ | |  | | |  | | |
|  | | | | | |  |  |  | | | | | | |  | |  | | |  | | |
| **Section 4: Please provide brief details of your work / voluntary experience** | | | | | | | | | | | | | | | | | | | | | | |
| Organisation Name  & Address | | | | | | Nature of work | | | | | | | | | Paid /  Voluntary | | Date From | | | Date  To | | |
|  | | | | | |  | | | | | | | | |  | |  | | |  | | |
| **Section 5: What has motivated you to apply for this course?** | | | | | | | | | | | | | | | | | | | | | | |
| Please either tick below or provide a brief written description of your reasons. | | | | | | | | | | | | | | | | | | | | | | |
| ❒ I am interested in the subject  ❒ For work (continued professional development  ❒ To enhance my verbal and communication skills at work / voluntary work  ❒ To enhance my verbal and communication skills (personal)  ❒ I want to find out about counselling with a view to train as a counsellor / therapist  ❒ To gain a level 2 qualification  ❒ Other reason (please specify) ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| **Section 6: Referee** | | | | | | | | | | | | | | | | | | | | | | |
| **We require one supporting reference provided from an impartial source (not friends or relations)**. **Potential** **referees can include:**   * Employer (current or former) * Work colleague / peer * Voluntary work peer (school / charity / organisation / church) * Previous educational establishment   **It is your responsibility to forward the Reference Request Form to your chosen referee asking them to return the completed form together with a letter of reference directly to Admissions as soon as possible.** | | | | | | | | | | | | | | | | | | | | | | |
| **Referee Details** | | | | | | | | | |  | | | | | | | | | | | | |
| **Name** | | | |  | | | | | | **Job Title** | | | |  | | | | | | | | |
| **Organisation** | | | |  | | | | | | | | | | | | | | | | | | |
| **Address** | | | |  | | | | | | | | | | | | | | | | | | |
| **Relationship to applicant** | | | |  | | | | | | **Length of time known** | | | |  | | | | | | | | |
| **Email** | | | |  | | | | | | **Telephone** | | | |  | | | | | | | | |
| **Section 7: Disability & Criminal Convictions** | | | | | | | | | | | | | | | | | | | | | |
| Do you consider yourself to have a disability and/or learning difficulty? Please tick all that apply  (This information supports us in providing any required reasonable adjustments). | | | | | | | | | | | | | | | | | | | | | |
| **No** | ❑ No known impairment, health condition or learning difference | | | | | | | | | | | | | | | | | | | | |
| **Yes** | ❑ **Yes**, please tick any of the following that apply and include further information below | | | | | | | | | | | | | | | | | | | | |
| ❑ Learning difference such as dyslexia, dyspraxia or AD(H)D | | | | | | | | | | | | | | | | | | | | | |
| ❑ Social/communication condition such as a speech and language impairment or an autistic spectrum condition | | | | | | | | | | | | | | | | | | | | | |
| ❑ Long-term illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy | | | | | | | | | | | | | | | | | | | | | |
| ❑ Mental health condition, challenge or disorder, such as depression, schizophrenia or anxiety | | | | | | | | | | | | | | | | | | | | | |
| ❑ Physical impairment (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying) | | | | | | | | | | | | | | | | | | | | | |
| ❑ Please tick if unable to use stairs | | | | | | | | | | | | | | | | | | | | | |
| ❑ D/deaf or a have a hearing impairment | | | | | | | | | | | | | | | | | | | | | |
| ❑ Blind or have a visual impairment uncorrected by glasses | | | | | | | | | | | | | | | | | | | | | |
| ❑ Development condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language | | | | | | | | | | | | | | | | | | | | | |
| ❑ An impairment, health condition or learning difference not listed above. **Please provide more information below, or on a separate sheet** | | | | | | | | | | | | | | | | | | | | | |
| **Further information:** | | | | | | | | | | | | | | | | | | | | | |
| Have you undertaken a formal assessment? Please tick. | | | | | | | | | | | | | | | | | | | | | |
| **Yes** | ❑ | **No** | ❑ (This may be requested if successful to support reasonable adjustments) | | | | | | | | | | | | | | | | | | |
| Do you have a criminal conviction? | | | | | | | | | | | | | | | | **Yes**  **No** | | ❑  ❑ | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Section 9: Payment** | | | | | | | | | | | | | | | | | | | | | |
| **Fees:** Please note that in order to secure your place, the full fee payment of **£355** must be **(paid as soon as possible and prior to the course commencement)** as places are allocated on a first come, first served basis. **In case of withdrawal two weeks or more prior to the course commencement, a refund will be made, minus an administration fee of** **£20**.  **If withdrawal is made subsequently, students are then liable for the full amount of £355**.   |  |  |  | | --- | --- | --- | | **❑ £355 via cheque**  *Please make cheques payable to* **SC&P Ltd**  *(Cash is not accepted)* | **❑ £355 via online payment**  Pay online here:  [www.spti.net/fees/product/cacc/](https://www.spti.net/fees/product/cacc/)  or by Bank transfer to **SC&P Ltd.** NATWEST*, 134 Front St, Arnold,*  *Sort code:* **54-21-51**  *Account Number:* **30516935**  *(Please include Surname, Forename and CCA as the payment reference)* | **❑ £355 via invoice**  *I have enclosed my authorised Fee Payment Invoice form* ***(available separately)*** *with full payment details of my employer / sponsor who will be responsible for the payment of my fees* | | | | | | | | | | | | | | | | | | | | | | |
| **Communication and Marketing** | | | | | | | | | | | | | | | | | | | | | |
| We may send you marketing information about SPTI courses, programmes and events. These may be similar or related to those on to which you are enrolled pursuant to this application and will be sent via email or post. For example, this may include dates for similar courses or information regarding other training and progression opportunities. | | | | | | | | | | | | | | | | | | | | | |
| **If you agree to be contacted in this way, please tick the relevant boxes:** | | | | | | | | | | | | | | | | | | | | | |
| **I agree to be contacted by Post** ❒ | | | | | | | | | | | **I agree to be contacted by Email** ❒ | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Declarations (Please sign your official signature – typed names will not be accepted)** | | | | | | | | | | | | | | | | | | | | | |
| **By signing below, you are:**   * **Declaring that the information included within this application is a true and accurate record** * **Confirming you have read and understood the Privacy Notice:** [www.spti.net/privacynotice/](https://www.spti.net/privacynotice/) | | | | | | | | | | | | | | | | | | | | | |
| **Signed:** | | | | | | | | | | | | **Date:** | | | | | | | | | |
| **Print:** | | | | | | | | | | | |