



PORTSMOUTH COUNSELLING SERVICE

The Wesley Centre, 128 Fratton Road, Portsmouth, PO1 5DD

Tel: 023 9273 7989

e-mail: info@pocounsellingservice.org.uk

Charity No. 1124104

Basic Counselling Skills Course

Application Form

| <i>Personal Details</i> | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Name: | |
| Address: | |
| Telephone Numbers: | Home: Mobile: |
| Email address: | |
| Date of Birth: | |
| Sex: | Male/Female |
| <i>Language & Ethnicity</i> | |
| Country of origin: | |
| Ethnicity: | |
| First language (if not English): | |
| <i>Qualifications</i> | |
| Educational history: | |
| <i>Eligibility for course</i> | |
| To be eligible for a free place on the course you need to be from a black or minority ethnic community, or unemployed or disabled. | |

If you are not eligible there may be a few fee paying places available. Please ask for details.

Are you unemployed?

Y/N

If yes, which benefits are you in receipt of?

How long have you been unemployed for?

Do you have a disability?

Y/N

If Yes, do you have specialist requirements?

Course Details

Why would you like a place on the course?

How did you find out about the course?

How might you use this certificate in your future plans?

I have read and understand the course handout and am committed to attending regularly

Signed:

Thank you for completing this form. Please take it to one of the counsellors who will ask you a few questions to complete your application process.