**Applicant Details:**

|  |  |
| --- | --- |
| **Title:** |  |
| **Surname:** |  |
| **First Name:** |  |
| **Maiden Name:** |  |
| **Any other names previously used:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Ethnic Identity:** |  |
| **Address:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |

**Counselling Qualifications:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Course** | **Qualification** | **Dates** | | **Awarding body** |
| **From** | **To** |
|  |  |  |  |  |
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**Other Qualifications:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Course** | **Qualification** | **Dates** | | **Awarding body** |
| **From** | **To** |
|  |  |  |  |  |
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**Work History:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** | **Job Title** | **Dates** | | **Main Responsibilities** |
| **From** | **To** |
|  |  |  |  |  |
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**Voluntary Roles:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company/Organisation** | **Role** | **Dates** | | **Main Responsibilities** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**Counselling Experience:**

|  |
| --- |
| **As a Counsellor** |
| **As a client** |
| **Other** |

**Reasons for Application:**

**Additional Information:**

In this section please give any additional information to support your reason for being interested in Level 5 Diploma in Counselling Adolescents.

**Referees:**

Please give the name, position and address of two people to whom reference can be made. One should be personal (not a relative) and one professional.

|  |  |
| --- | --- |
| **Personal** |  |
| **Name** |  |
| **Relationship to you** |  |
| **Address** |  |
| **Email** |  |
| **Contact number** |  |

|  |  |
| --- | --- |
| **Professional** |  |
| **Name** |  |
| **Job Title** |  |
| **Address** |  |
| **Email** |  |
| **Contact number** |  |

**Health Declaration:**

Do you have, or have had, any medical condition of which we would need to be aware? **Yes / No**

If ‘yes’, please give details:

|  |
| --- |
|  |

**Declaration:**

* You are required to sign the declaration below certifying that all the information you have provided is accurate.
* HVA may wish to check of the details you have provided.
* Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or the course.
* I declare the information on this form is correct and I have omitted nothing that, to the best of my knowledge, might affect the application.

Signature: ……………………………………………………………………………………...... Date: ………………………………………