



CENTRAL COUNSELLING & TRAINING SERVICE CHRISTIAN COUNSELLING MODEL & PRACTICE (OCN Level 3) APPLICATION FORM

Please ensure that all questions are answered fully in **block capitals**, and boxes ticked where appropriate. When completed, please return this form to **Central Counselling & Training Service** together with a non-returnable deposit of **£80** (cheques are to be made payable to **New Community Network**) and a **passport sized photo of yourself**. The balance needs to be paid at the first day of the course.

Postal Address: CCTS, Central Hall, St. Mary Street, Southampton SO14 1NF

1) Specify the venue of course you wish to attend (e.g. Southampton, Edinburgh, etc.):

2) Surname: _____ Title: _____

3) Christian Names:

4) Name you wish to be known by:

5) Male Female

6) Home Address: _____ Work Address: _____

Postcode:

Postcode:

Telephone:

Telephone:

E-mail:

E-mail:

7) Date of birth:

8) Single married widowed divorced divorced & re-married

9) To what Christian fellowship or denomination do you belong?



10) Why do you wish to study Christian counselling?

11) How do you intend to use the training received?

12) Please explain briefly how and when you came to faith in Christ:

13) Details of current and previous employment:

Dates:	Employment:

14) Details of academic record:

Subject	A Level /GCSE/CSE	Grade	Year



Further Education:

Subject	Level	Grade	Year

15) What previous counselling training have you received (i.e. Level 1) and with whom?

Course	Training Organisation	Date	Content

16) Have you had any serious or psychiatric illness? If so please give details:

17) Are you currently receiving medical treatment? YES / NO

If YES please give details including medication:

18) When did you last have a medical examination?

Results:

19) Have you been convicted of or committed a criminal offence at any time? Yes / No

20) How will you fund the course?



21) References: please give the names and addresses of two referees. **We ask you to send the relevant papers to these chosen referees**, who should return the forms direct to Central Counselling Service.

I. Vicar / Minister / Elder:

II. Tutor from previous counselling training or current supervisor:

22) I enclose photo and cheque for £ _____ payable to '**New Community Network**'

Declaration:

I have answered the above questions as fully and as honestly as possible.

Signed: _____ Date: _____



6) Are you aware of any recent (last 2 years) emotional problems which might prevent the applicant receiving the full benefit of the course?

7) How would you rate the applicant in the following areas:

	excellent			poor	
Reliability	5	4	3	2	1
Perseverance	5	4	3	2	1
Relationship with others	5	4	3	2	1
Health & stamina	5	4	3	2	1
Biblical understanding	5	4	3	2	1
Ability to learn from others	5	4	3	2	1
Time management	5	4	3	2	1

8) In what areas of pastoral care or counselling would you say the applicant is gifted?

9) Would the applicant be recognised as a pastoral worker or counsellor in your church or organisation?



10) Have the applicant's plans been discussed with:

a) You?

b) Significant others (e.g. family, work etc.)?

11) In view of the time commitment, and the physical/emotional challenge of this course, do you believe that this is the right time for this person to apply?

If not why?

12) To your knowledge has this person been convicted of or committed a criminal offence at any time? Yes / No

13) Any additional comments?

Name: (Capitals please)

Position:

Address:

.....

Postcode: Telephone:

E-mail:

Signature: Date:



CENTRAL COUNSELLING & TRAINING SERVICE
CHRISTIAN COUNSELLING MODEL & PRACTICE (OCN Level 3)
CONFIDENTIAL REFERENCE (TUTOR / SUPERVISOR)

Dear Referee,

The person mentioned below has applied to join the OCN Level 3 Christian counselling course run by Central Counselling & Training Service, and has nominated you as a referee. We would be grateful if you could complete the following form and send it to the address below.

Please return to: Norma Parrack, CCTS, Central Hall, St Mary Street, Southampton SO14 1NF

- 1) Name of applicant:

- 2) How long have you known the applicant and in what capacity ?

- 3) Please could you comment on the following:
 - a) Applicant's attitude to study

 - b) Openness to feedback

 - c) Ability to apply counselling material to self and others

 - d) Relationship with other students

 - e) Academic ability

 - f) Ability to listen to others and their point of view with acceptance

 - g) Ability to handle confidential information with sensitivity



4) How would you describe the applicant's counselling ability, style and model?

5) Any other comments you believe may be useful?

6) What type of supervision do you offer: training, consultative, managerial, one-to-one, peer, group, etc. and for how long?

7) What models of supervision do you use?

8) What training in supervision have you received?

Name (Capitals):

Position:

Address:

.....

Postcode: Telephone:

E-mail:

Signature: Date: