



CENTRAL COUNSELLING & TRAINING SERVICE DIPLOMA IN CHRISTIAN COUNSELLING 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**').

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

- 1) Surname: _____ Title: _____
- 2) First Names: _____
- 3) Name you wish to be known by: _____
- 4) Male Female
- 5) Home Address: _____ Work Address: _____
- Postcode: _____ Postcode: _____
- Telephone: _____ Telephone: _____
- E-mail: _____ E-mail: _____
- 6) Date of birth: _____
- 7) Single Married Widowed Divorced Divorced & re-married
- 8) To what Christian fellowship or denomination do you belong?
- 9) How long have you been associated with the above?
- 10) Have you been convicted of, or committed a criminal offence at any time? Yes / No



11) Do you have any special needs (dietary, seating etc)?

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

13) This course will be emotionally and psychologically testing. In view of this, how would you evaluate your emotional, mental and psychological stability/ maturity

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

If YES please give details including medication:

15) When did you last have a medical examination?

Results:

16) Occupation:

17) Where do you carry out your counselling practice?

Please tick

a) With a secular organisation

b) Private practice

c) With a Christian counselling service/Church

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>



18) Please give details including hours per week and any specialisms:

19) Are you accredited with:

ACC	<input type="checkbox"/>	Level
BACP	<input type="checkbox"/>	
UKCP	<input type="checkbox"/>	

Please tick

20) What **Model of Counselling** do you use?

21) Details of **relevant training and experience**:

Dates: _____ Course: _____ Qualification: _____



22) **References:** please give the names and addresses of your three referees. ***We ask you to send the relevant papers to these chosen referees, who should return the forms direct to us at CCTS.***

a) Vicar / Minister / Elder:

Address:

b) Current supervisor:

Address:

c) Previous course tutor:

Address:

Declaration:

I enclosed cheque for £ payable to '**New Community Network**'.

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):

Position:

Address:

.....

Postcode: Telephone:

E-mail:

Signature: Date:



CENTRAL COUNSELLING & TRAINING SERVICE
DIPLOMA IN CHRISTIAN COUNSELLING
CONFIDENTIAL REFERENCE (SUPERVISOR)

Dear Referee,

The person mentioned below has applied to join the Diploma in Counselling course run by Central Counselling & Training Service (CCTS), 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.

Postal Address: 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) This course will be emotionally and psychologically testing. In view of this, how would you evaluate the emotional, mental and psychological stability/ maturity of the applicant?

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?

Signature: Name (Capitals):

Date: Position:

Address:.....

.....

.....Post Code:

Telephone: E-mail:.....



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

5) Any other comments you believe may be useful?

6) This course will be emotionally and psychologically testing. In view of this, how would you evaluate the emotional, mental and psychological stability/ maturity of the applicant?

Signature: Name (Capitals):

Date: Position:

Address:.....

.....

.....Post Code:

Telephone: E-mail:.....