



tact

therapy and counselling teesside

Therapy And Counselling Teesside Ltd, 44 Newcomen Tce, Redcar, Cleveland, TS10 1DB ~ 01642 491212
www.tact-ltd.co.uk

Application Form

Personal Information	
Name:	Date of Birth:
Address	
Post Code	Telephone No:

Course Title (Please tick the appropriate box)	
Diploma in Psychotherapeutic Counselling with Children	<input type="checkbox"/>
Diploma in Psychotherapeutic Counselling with Children – Conversion Course	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

PROFESSIONAL QUALIFICATIONS (please indicate dates)

EDUCATION		
School/ College/University	Examinations Passed	Dates

PROFESSIONAL EXPERIENCE			
Nature of Work	Employer	Paid Voluntary	Dates

OTHER EXPERIENCE (please indicate dates)

Personal Statement

For what reason(s) do you want to attend this training programme?

Describe your personal strengths and attributes which you believe will help you to be a child counsellor

Have you received counselling or psychotherapy? YES / NO
If YES, please give details:

You will need two referees, one of whom has known you for at least two years in a professional capacity. Please take responsibility for forwarding two reference forms to your referees requesting them to return the completed forms direct to us.

Names and address of two referees and connection in which known:	
1.	2.

EQUAL OPPORTUNITIES QUESTIONNAIRE
The information you provide may be stored on TACT computers in compliance with Data Protection Act. This information will not adversely influence your application.
<p>Race and Ethnicity</p> <p>a) The following categories are based on advice provided by the CRE (Commission of Racial Equality). Please circle which category you belong:</p> <p>White Black African Black Caribbean Black Other Indian, Pakistani, or Bangladeshi Chinese / South East Asia Irish</p> <p>Other (please specify):</p> <p>Combination of these (please specify) :</p> <p>b) If these categories seem inappropriate or inadequate to you, how would you wish to describe yourself?</p>

Please indicate:

a) *Do you have a disability?*

Is it a mobility disability?

Is it a sensory disability?

Other (please specify):

b) *Are you on any disability register?*

If YES , please specify:

How would you describe your sexual orientation?

- a) Bisexual
- b) Gay/Lesbian
- c) Heterosexual
- d) Unclear
- e) Other

Would you describe yourself as a practicing member of any of the following religions?

- a) Buddhist
- b) Christian
- c) Hindu
- d) Jewish
- e) Moslem
- f) Other

Do you feel discriminated against in:

a) *The application procedures for this course?*

If YES ,in what way?

Any Additional Comments?

Criminal Convictions

Have you ever been convicted, cautioned, bound over or have a conviction pending in respect of any criminal offence which is not considered spent ? (see note below)

YES / NO

If YES, please specify, date of caution; bound over conviction; Court; nature of offence and sentence imposed or nature of conviction pending.

NOTE :

1. You are advised that under the provision of the Rehabilitation of Offenders Act 1974, *(Exceptions) Amendment Order 1986 a person should declare ALL convictions where working with children.*
2. Disclosure of a conviction does not automatically debar applicants from consideration. *The offence will only be taken into account if it is considered to be one that would make the applicant unsuitable for the type of training for which they have applied.*
3. The information provided will be treated as strictly confidential and will be considered *only in relation to this application for training.*

Declaration

By signing below you are declaring that all the information you have provided in the completion of this application form is correct.

Signed:

Date:

Please return this completed form to:

Therapy And Counselling Teesside,
44 Newcomen Tce
REDCAR
Cleveland,
TS10 1DB