

# APPLICATION FORM

## CONFIDENTIAL

*Please complete and return to:  
Course Administrator*

### Section 1 Personal Details

Name: .....  
Block Capitals

Address: ..... Post Code: .....  
Block Capitals

Telephone Number: ..... (day) ..... (evening)

Mobile Telephone: ..... Email Address: .....

Date of Birth: ..... Date of Application: .....

**If resident in the UK less than 5 years or if a non-EU citizen please also complete Section 5**

### Section 2

Please indicate for what you are applying:

- |                                     |                          |
|-------------------------------------|--------------------------|
| Certificate in Counselling Skills   | <input type="checkbox"/> |
| Diploma Course                      | <input type="checkbox"/> |
| Supervision                         | <input type="checkbox"/> |
| Short Course Programme              | <input type="checkbox"/> |
| Continuing Professional Development | <input type="checkbox"/> |
| Individually Designed Courses       | <input type="checkbox"/> |

### Section 3

Previous Counselling Courses attended (if any)

Why do you wish to join this Course?

How did you hear about the MHCPC?

**Please provide a 500 word personal statement**

## Section 4

All applicants are required to provide the names and addresses of two referees and the capacity in which they are known to you. Referees should have a professional qualification (e.g. medical practitioners, lawyers, ministers of religion, teachers, etc..) who have known you longer than two years and can vouch for your suitability to embark on a professional training course working with vulnerable people.

NB Referees should not be family members.

Name: .....	Name: .....
Block Capitals	Block Capitals
Occupation: .....	Occupation: .....
Block Capitals	Block Capitals
Address: .....	Address: .....
.....	.....
..... Post Code .....	..... Post Code .....
In what capacity is this person known to you?	In what capacity is this person known to you?
.....	.....

## Section 5

If resident in the UK less than five years and/or you are a non-EU citizen, please complete the following section:

- a. Country of Origin .....
- b. Do you have a visa Yes/No
- c. If yes, please state type .....
- d. Expiry Date of Visa .....

Please enclose with this application a copy of any two of the following: (NB you may be asked to provide the original document at interview.)

- Passport No .....
- Birth Certificate .....
- National Insurance No .....
- Driving Licence with Photograph .....
- Bank or Utility bill .....

All enrolment data is held by the MHCP administration and will be treated confidentially and with sensitivity for the benefit of the applicant, the MHCP and the Sternberg Centre. Information provided by and concerning applicants, students, staff and patients is held by the MHCP in its original, electronic and other formats and is processed for the purposes of administration and for marketing and statistical purpose in accordance with relevant legislation, including the Data Protection Act 1998. It is a condition of the MHCP at the Sternberg Centre that such data will be held and processed. The declaration below must be signed in order for this application to be processed. MHCP is an equal opportunities institution.

### STUDENT DECLARATION

I give my consent to the processing of my data by the MHCP at the Sternberg Centre. I certify that the above information is correct. I understand that subsequent enrolment and registration are subject to current regulations.

### Applicants for the Certificate in Counselling Skills and Diploma Course only:

[ ] I enclose a non-refundable selection interview fee of £30.00. Cheques to be made payable to MHCP.

[ ] I enclose a recent passport photograph

Signed: .....

Date: .....