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| **1. Course you are applying for** (please check course entry requirements before applying)  **Logo, company name  Description automatically generated Northamptonshire Centre for Counselling Studies**  **Course Application Form**  **To apply for your chosen course, please complete this application form fully and email it to enquiries@northantscounsellingtraining.co.uk**  **The following information will be treated in the strictest confidence.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course Name:** | Introduction | | | |  | | | Level 2 | | | | | | |  | | | | | Level 3 | | | | | |  | | | | | |
| Level 4 | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Day of Course:**  **If the course is offered online and the classroom/hybrid, please indicate all versions of the course you wish to apply for** |  | | | | | | | **Time of Course:** | | | | | | | | | | | |  | | | | | | | | | | | |
| **2. Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title:** | Mr | |  | | Mrs | |  | | | Miss | | | |  | | Ms |  | | | | Dr | | |  | | Other | | | |  | |
| **First Name (s):** |  | | | | | | | | | | | **Surname:** | | | | | | | | | | | |  | | | | | | | |
| **Address:** |  | | | | | | | | | | | **Contact Details:** | | | | | | | Email Address: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Phone Number: | | | | | | | | | | | | |
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| **Date of Birth:** |  | | | | | | | | | | | | | | **Age:** | | | | | | | | | | | |  | | | | |
| **Gender:** | Male | |  | | | Female | | | | |  | | | | Non-binary/third gender | | | | | | | | | | | |  | | | | |
| Prefer not to say | | | | | | | | | |  | | | | Prefer to self-describe | | | | | | | | | | | |  | | | | |
| **Are you an existing student / have studied at the Northamptonshire Centre for Counselling Studies?** | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | |  |
| **If Yes, please state which course(s) you studied:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **3. Fees** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who will be paying for your fees?** | | | | Myself | | |  | | | | Employer | | | | |  | Other | | | | | |  | | | | | | | | |
| **If Employer or Other, please provide further details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Employer / Other:** | |  | | | | | | | | | | | **Address:** | | | | | | |  | | | | | | | | | | | |
| **Phone Number:** | |  | | | | | | | | | | | **Email Address:** | | | | | | |  | | | | | | | | | | | |
| **Invoice Required:** | | **Yes** | | | | | | |  | | | | | | | | | **No** | | | | | | | | | |  | | | |

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| **If you are paying the fees, how will you be paying?** (a non-refundable deposit payable within 7 days of acceptance onto the course to reserve your place.) | | | | | | | | | | | | | |
| **In full before the start of the course:** | |  | | | | **Instalments: (not applicable for 10 week introduction course as this must be paid in full before the start of the course)** | | | | |  | | |
| **4. Additional Support**  **Where possible we can provide support for students with learning difficulties and/or disabilities. The questions below. Please help us to provide you with the support you may need by answering the questions below. Any information will be treated confidentially and used only to ensure that you receive the help that you need.** | | | | | | | | | | | | | |
| **Do you have a learning difficulty, disability or sensory impairment?** | | | | | | | | | Yes |  | | No |  |
| If Yes, please provide further details: | |  | | | | | | | | | | | |
| **Have you had any exam concessions in the past?** | | | | | | | | | Yes |  | | No |  |
| If Yes, please provide further details: | |  | | | | | | | | | | | |
| **Is there any other help that you might need?** | | | |  | | | | | | | | | |
| **Would you like to talk confidentially to a member of staff about additional support?** | | | | | | | | | Yes |  | | No |  |
| If Yes, how would you like us to contact you? | | | |  | | | | | | | | | |
| **5. Qualifications**  **Please provide details of any RELEVANT qualifications to studying this course. Please ensure you include any English qualification that you have. Please also provide details of any examinations you are due to take or have already taken. Please add additional lines where needed.** | | | | | | | | | | | | | |
| **Qualification** | **Subject** | | **Grade/Level Predicted/ Achieved** | | | | **Where Studied** | | | | **Date Achieved (will achieve)** | | |
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| **6. Supporting Information – PLEASE COMPLETE THIS SECTION AS FULLY AS POSSIBLE WITH INFORMATION ABOUT YOU – A FEW LINES WILL NOT BE ACCEPTED** | | | | | | | | | | | | | |
| **What are your reasons for choosing this course? Please provide as much detail as possible as this will be used to form the basis of your interview. (A few lines will not be accepted)** | | | | | | | | | | | | | |
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| **Do you have any relevant work/employment experience? Please provide as much detail as possible as this will be used to form the basis of your interview. (A few lines will not be accepted)** | | | | | | | | | | | | | |
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| **Is there any other relevant information that you would like to provide that will support your application?** | | | | | | | | | | | | | |
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| **7. Ethnic Origin**  **This information helps us to monitor Equal Opportunities and reflects the diversity of the local community. It does NOT affect your application in any way.** | | | | | | | | | | | | | |
| **Please indicate the option that best describes your ethnic origin:** | | | | | | | | | | | | | |
| **White (English/Welsh/Scottish/Northern Irish/British** | | |  | | | | | **White Irish** | | |  | | |
| **Mixed/Multiple Ethnic Group – White & Black Caribbean** | | |  | | | | | **Gypsy or Irish Traveller** | | |  | | |
| **Mixed/Multiple Ethnic Group – White & Black African** | | |  | | | | | **Other White Background** | | |  | | |
| **Mixed/Multiple Ethnic Group – White & Asian** | | |  | | | | | **Other Ethnic Group - Arab** | | |  | | |
| **Other Mixed/Multiple Group Background** | | |  | | | | | **Other Ethnic Group** | | |  | | |
| **Asian/Asian British - Indian** | | | |  | **Asian/Asian British - Pakistani** | | | | | |  | | |
| **Asian/Asian British - Bangladeshi** | | | |  | **Asian/Asian British - Chinese** | | | | | |  | | |
| **Other Asian Background** | | | |  | **Prefer Not To Say** | | | | | |  | | |
| **Black/African/Caribbean/Black British - African** | | | |  | **Black/African/Caribbean/Black British - Caribbean** | | | | | |  | | |
| **Other Black/African/Caribbean/Black British** | | | |  |  | | | | | | | | |
| **8. Criminal Convictions** | | | | | | | | | | | | | |
| **Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?** | | | | | | | | | Yes |  | | No |  |
| **If yes – is this conviction spent or unspent?** | | | | | | | | | Yes |  | | No |  |
| **If you declare that you have an unspent conviction, we will contact you for further information. Declaring a conviction will not necessarily prevent you from being offered a place on the course, however failure to disclose something which we later become aware of could result in action being taken.**  **For further information about whether convictions are unspent, please look at this link: -** [**https://www.nacro.org.uk/criminal-record-support-service/support-for-individuals/disclosing-criminal-records/rehabilitation-offenders-act/#spent**](https://www.nacro.org.uk/criminal-record-support-service/support-for-individuals/disclosing-criminal-records/rehabilitation-offenders-act/#spent) | | | | | | | | | | | | | |

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| **9. Privacy Notice** | | | |
| I wish to apply for the course that I outline in this application form, and I agree to the Northamptonshire Centre for Counselling Studies processing the personal information that I have given for any purposes related to my application, my health and safety whilst attending the course, or any other legitimate reason, in accordance with the General Data Protection Regulations (2018).  The information you provide may be accessible to all staff who work for NCCS for the purposes of administration, other guidance, statistical purposes or for course/training development. All information will be destroyed when no longer relevant or necessary to keep.  I can confirm that I have been provided with and have read NCCS’ Privacy Notice (available on the NCCS website) that outlines how my personal information will be processed. | | | |
| **Yes** |  | **No** |  |
| **Signature of Applicant (electronic signature if sufficient):** | |  | |
| **Date:** | |  | |