**The Academy: S.P.A.C.E.**

Date Application Received

Decisions

Please attach a recent photograph here

**Courses Application Form**

*NB Please retain a copy of this form and all enclosures for your own records*

*All information provided in your application will be treated as confidential*

|  |
| --- |
| **Personal Information** |
| Family Name |  | Given Name |  |
| Date of Birth |   | Telephone (landline) |  |
| Address and Postcode |  | Telephone (mobile) |  |
| Any Special Learning Needs that we should be aware of to support your studies? |  |
| email |  |
|  |  |
| **Course Applied for (tick):** | **Documents included in your application**Please ensure your application is complete prior to submission *tick to confirm inclusion)* |
| Foundation |  | Personal Statement |  | Piece of written work |  |
| Diploma |  | Fitness to Practice Declaration |  | Photo |  |
|  |  | Copies of Certificates Countersigned by a referee who has seen the originals  |  | Diploma (only) Selection Fee £30 – cheque Made payable to The Academy: SPACE |  |
|  | Two References |  |  |  |

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| **Qualifications (*post 16 only)* EXCEPT Counselling Skills training and qualifications *(see next section)*** |
| Date | Qualification | Grade | Institution |
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| **Other relevant training, particularly counselling skills courses***NB it is very important to specify duration (number of hours) for counselling skills training. You may include in-house and informal training* |
| Date | Title/Subject | Duration (hours) | Provider |
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**Employment History**

Please note: A complete record is expected - where there have been gaps in employment please indicate why (e.g. full-time parenting/care responsibilities). If you have had a period of short-term temporary posts it is acceptable to group these rather than itemise each one.

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| --- | --- | --- | --- | --- |
| **From** | **To** | **Employer** | **Position** | **Reason for leaving** |
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**The Academy: Sheffield Psychotherapy and Counselling Education**

**Reference One (preferably professional).**

**Give this to your referee and ensure that it is sent to The Academy**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Your Name |  |
| Your Position/ Relationship to the applicant |  |
| Contact details |  |
| Length of time you have known the applicant |  |
| Training in the field of counselling is demanding in terms of time, commitment, personal emotional exploration and academic skills. As the applicant will be working with vulnerable people it is vital they are trustworthy, reliable, genuinely interested in people and able to show empathy towards those different from themselves. They also need to understand the commitment involved in the training and the work. The following headings are to assist you in writing your reference, but feel free to add additional comments, or only comment on what you feel able to, given your knowledge of the applicant.Please give this to the applicant to include with their application. If for any reason you prefer to send a reference direct to the Programme Director please address it to Gail Evans, The Academy: Sheffield Psychotherapy and Counselling Education, The Coach House, 1A Filey Street, Sheffield, S10 2FF, S.Yorks marked Addressee Only -CONFIDENTIAL |
| **Please comment on the applicant’s** |
| Suitability for counselling training (*personal qualities, ability to get on with others, ability to form a helping relationship, emotional stability and resilience, personal awareness*) |  |
| Motivation and commitment for counselling training | PTO |
| Academic and organisational ability/skills  |  |
| Reliability and trustworthiness |  |
| Do you know of any reason why the applicant should not undertake this training or work (inc. offences/convictions)? |  |
| Anything else you would like to add?  |

**Thank you for your time and trouble in completing this reference. Please indicate whether we can contact you for clarification on any point, should the need arise.**

**I am willing to be contacted with regard to this Reference YES / NO**

**I am happy for the candidate to see this reference YES / NO**

**Your signature ………………………………………..**

**Date …………………………………………………**

**The Academy: Sheffield Psychotherapy and Counselling Education**

**Reference Two (personal or professional).**

**Give this to your referee and ensure it is sent to The Academy**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Your Name |  |
| Your Position/ Relationship to the applicant |  |
| Contact details |  |
| Length of time you have known the applicant |  |
| Training in the field of counselling is demanding in terms of time, commitment, personal emotional exploration and academic skills. As the applicant will be working with vulnerable people it is vital they are trustworthy, reliable, genuinely interested in people and able to show empathy towards those different from themselves. They also need to understand the commitment involved in the training and the work. The following headings are to assist you in writing your reference, but feel free to add additional comments, or only comment on what you feel able to, given your knowledge of the applicant.Please give this to the applicant to include with their application. If for any reason you prefer to send a reference direct to the Programme Director please address it to Gail Evans, The Academy: Sheffield Psychotherapy and Counselling Education, The Coach House, 1A Filey Street, Sheffield S10 2FF, S.Yorks marked Addressee Only - CONFIDENTIAL |
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| Anything else you would like to add?  |

**Thank you for your time and trouble in completing this reference. Please indicate whether we can contact you for clarification on any point, should the need arise.**

**I am willing to be contacted with regard to this Reference YES / NO**

**I am happy for the candidate to see this reference YES / NO**

**Your signature ………………………………………..**

**Date …………………………………………………**

**The Academy: Sheffield Psychotherapy and Counselling Education**

**Fitness to Practise Commitment and Declaration**

Practitioners in counselling, psychotherapy, and related people-roles are entrusted with the emotional and psychological well-being of people who are vulnerable when they seek help. The practitioner carries, and/or is invested with by the help-seeker, a position of power and authority and thus influence over them. For this reason, emphasis is placed on the ethical obligations and principles of good practice to protect well-being (in line with the BACP Ethical Framework 2002). This includes ***self***-care, in a profession which can impact significantly on a practitioner’s own health and well-being. We require all students to become BACP members and undertake a CRB check.

Students on counselling and psychotherapy courses practice their skills on one another and offer their own life and emotional experiences as learning material. It is our responsibility as educators and representatives of the profession, to establish as far as is feasible that candidates and students are not likely to do harm - to fellow students, clients, colleagues, the reputation of the profession, the Academy and Sheffield Hallam University - or themselves to be harmed by the training process, which is emotionally and psychologically demanding.

The Academy reserves the right not to offer a place, and to prevent progression, temporarily or permanently, in the event that an applicant/student is deemed to be unable to meet the ethical and good practice obligations for any reason.

**We ask that you**

a) Declare your current and recent fitness to undertake this training and role

b) Commit to safe and ethical practice in accordance with the BACP Ethical Framework

c) Agree to notify and discuss with a tutor or Course Leader any issues that may interfere with your capacity to work safely and ethically,

And to do this by completing the following questions and signing the declaration

***Please note:*** *disclosing a history of problems in well-being or behaviour does not necessarily preclude entry to training and practice - indeed it may be considered to be a strength, if reflection, productive learning and change has resulted. However, you are expected to discuss the potential impact on your strengths, limitations and capacity to undertake training and the role of listening helper****, and to include this in your personal statement****.*

|  |  |  |
| --- | --- | --- |
| Do you have any condition which impairs your physical ability to sit for extended periods (up to an hour continuously)?  | NO | YES - please give details in your personal statement |
| Have you received any mental health treatment within the last 3 years (e.g. for depression, anxiety, other mental health disorders)? | NO | YES - please give details in your personal statement |
| Do you suffer from any condition which causes depression; anxiety; panic attacks; mood swings; anger etc; severe pain; excessive drowsiness; inability to sit and to be *psychologically* present in a helping relationship? | NO | YES - please give details in your personal statement |
| Have you within the past three years suffered from alcohol or drug dependency or misuse? | NO | YES - please give details in your personal statement  |
| Do you have any record of offences/criminal convictions?***(NB You should be aware that even spent convictions can bar you from placements with some employers)***  | NO | YES - please give details in your personal statement  |
| Have you ever received counselling, psychotherapy or any other form of psychological help? | NO | YES - please give details in your personal statement  |

***Please tick the box by each statement to indicate you have read and understood.***

* **I declare that to the best of my knowledge the answers given to the questions above are correct.**
* **I declare that there are no known reasons why I should not undertake this training.**
* **I am willing to undertake a CRB check prior to any placement activity.**
* **I agree to join BACP at the earliest opportunity after enrolling**
* **I agree to notify the Course Leader of any significant changes to my health or circumstances which may have an impact on my capacity to work safely and ethically.**
* **I understand that the Course Director, in discussion with the teaching team, may temporarily suspend or terminate my participation in any course should circumstances arise which impair my ability to act safely and ethically\*.**

Signature:

 Name ……………………………..…….

 ***(print)***

 Date………………………………….

\*NB Subject to appropriate procedures and appeals processes