



Application for student placement.

Name:

Address:

Postcode:

Telephone No: *Mobile no:*

Email: *DOB:*

1. PRESENT COUNSELLING TRAINING:

Training body/college/agency:

Model taught:

Start Date:

End date:

No of contact hours:

2. PREVIOUS COUNSELLING TRAINING:

Dates:	Training body	Name of course	Hours	Model taught

3. COUNSELLING EXPERIENCE:

Dates	Venue	Hours	Issues dealt with

4. HOW HAVE YOU INCORPORATED YOUR TRAINING INTO YOUR COUNSELLING SO FAR?

5. HOW WOULD YOU LIKE TO SEE YOUR COUNSELLING DEVELOP?

6. OTHER RELEVANT EXPERIENCE.

7. BRIEF HISTORY OF YOUR CHRISTIAN EXPERIENCE

Please give details of how and when you became a Christian and your growth since then.

8. NAME OF CHURCH (Plus town):

9. BRIEFLY EXPLAIN ANY EXPERINCE YOU HAVE WORKING WITH CHILDREN AND YOUNG PEOPLE

10. NAME AND ADDRESS OF TWO REFERREES, ONE OF WHOM MUST BE YOUR CHURCH LEADER, MINISTER OR ELDER AND THE OTHER YOUR COURSE TUTOR.

11. WHICH CLIENT GROUP ARE YOU INTERESTED IN WORKING WITH?

CHILDREN

ADULTS

BOTH

I declare that to the best of my knowledge all the above information is correct.

Signature:

Date: