

# network:training

In partnership with the  UNIVERSITY OF  
GLOUCESTERSHIRE

## Certificate of Higher Education in Pastoral Counselling

*AP(E)L Application Form*

Please return the completed form to:

**Network Training (CERT APP),  
College Park Drive,  
Henbury Road,  
Henbury,  
Bristol  
BS10 7QD**

### **(1) General information**

**Full Name:** \_\_\_\_\_

**Title:** Mr./Mrs./Miss/Ms./Dr \_\_\_\_\_ **Marital status:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Post code:** \_\_\_\_\_

**Tel: Daytime** \_\_\_\_\_ **Tel: Evening** \_\_\_\_\_

**Tel: Mobile** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Present occupation:** \_\_\_\_\_

**How did you *first* hear about Network/Network courses?**

*Please be as specific as you can – your reply will help us with marketing.*

\_\_\_\_\_

#### **Network Counselling & Training**

**Tel: 0117-950-7271**

**Fax: 0117-950-7272**

**Registered Charity no: 292801**

**Limited Company no: 2280871**

## **(2) Educational history**

Please give details of your educational history, including GCSEs (or equivalent), Highers or A levels (or equivalent) obtained.

## **(3) Other qualifications**

Please give details of any other relevant qualifications you hold or training you have received (i.e. related to listening, counselling or caring work of any kind such as pastoral care, social work etc., or to pastoral theology)

## **(4) Occupational history**

Please give details of any past or present occupations which have involved listening, counselling or caring work of any kind.

### **(5) Previous listening or counselling training**

#### **PLEASE GIVE THIS INFORMATION ON A SEPARATE TYPEWRITTEN A4 SHEET**

Please give details of all the previous listening or counselling training which you have done, whether Christian or secular.

For each course include the following:

- (a) name of training organisation
- (b) qualification achieved
- (c) course dates
- (d) date of award (a copy of each certificate must be enclosed)
- (e) whether the course was validated, and if so by which validating body
- (f) number of credits awarded and at what level
- (g) no. of training hours (give actual staff/student contact hours)

If any of your training has been in a related area, e.g. social work, please estimate what percentage of your training time was *directly related* to counselling.

- (h) number of hours of private study and research within the course
- (i) course curriculum (an outline of areas covered, including theory, skills and personal development work)

### **(6) Your response to previous counselling training**

Reflect on your reactions and responses to your previous counselling training. Identify any aspects of your previous training which you found particularly difficult or challenging.

**(7) Listening/counselling experience**

Where relevant, please give details of any previous listening or counselling experience. This may include the experience of using counselling skills in other roles and settings

**(8) Experience of being counselled**

If you are in counselling now or have been counselled in the past, please include your reflections on your experience and what you have learned from it.

**(10) Your spiritual journey**

Please outline your spiritual journey, focusing particularly on the past two or three years.

**(10) The challenges you will face**

What will be the main challenges for you in undertaking this course of study?

**(11) Autobiographical essay**

**PLEASE GIVE THIS INFORMATION ON SEPARATE TYPEWRITTEN A4 SHEETS**

Please submit with your application an autobiographical sketch of yourself which focuses on the way in which your past experiences have shaped the person you are now. Include your reflections on the way in which you have grown and developed both personally and professionally as a result of your previous counselling training.  
(Minimum length: 1500 words)

**(12) Other supporting information - optional**

**PLEASE GIVE THIS INFORMATION ON A SEPARATE TYPEWRITTEN A4 SHEET**

Please give details of any other information which you feel may be helpful to us

**(13) Application enclosures**

I wish to apply for a place on Year 2 of the Network Certificate of Higher Education in Pastoral Counselling.

**I enclose:** (please tick all enclosures made)

**1. Evidence of my academic ability**

**an academic essay** completed during previous counselling training

or

a **1500 – 2000 words** document which outlines the way in which my past training and experience relates to each of the **AP(E)L criteria** for entry to Year 2 of the Cert. course  
(c.f. prospectus for further guidelines)

**2. Evidence of my counselling skills**

A **video/DVD**  **OR** an **audio tape/digital voice recording**  **of a counselling session** (minimum length 20 minutes)

PLEASE DO NOT STAPLE

3. Details of your previous **listening or counselling training** (section 5)

4. **Autobiographical essay** (section 11)

5. **Other supporting information** (section 12) - optional

### **(14) References**

Please supply the names and addresses of two referees as follows. Where appropriate, one of the references may be from someone who is in a position to comment on your spiritual journey.

#### **Referee 1: A TUTOR FROM A PREVIOUS COUNSELLING COURSE**

**If for any reason it is not possible for you to obtain a reference from such a person you may submit a personal reference instead.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Telephone no: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

#### **Referee 2: A PERSONAL REFERENCE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Telephone no: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_

**Date of application:** \_\_\_\_\_