

PLEASE DO NOT STAPLE

network:training

In partnership with the



Certificate in Pastoral Counselling Skills *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

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(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 (i.e. qualifications related to listening, counselling or caring work of any kind such as pastoral care, social work etc.)

(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 details of any previous listening or counselling training you have done, whether Christian or secular. Include the following information:

- ◆ name of training organisation(s)
- ◆ dates of training course(s)
- ◆ nature of the course(s) and brief description of course content
- ◆ no. of hours in training
- ◆ your reactions to your previous training (e.g. What did you feel you learnt from the training?)
- ◆ In what ways was it a positive or negative experience for you? How did it affect your motivation and
- ◆ decision to apply for counselling training?)

(6) Listening/counselling experience

Please give details of any experience you have had of using listening and/or counselling skills either in your work or in any other setting.

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(7) 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 learnt from it.

(8) Your spiritual journey

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

(9) Reasons for applying

Please state your reasons for wanting to undertake this particular course at this point in your life.

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(10) The challenges you will face

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

(11) Autobiographical essay

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. Include your reflections on what you feel you would bring to the course, on the particular strengths, skills and gifts you have which you feel would be of value in the role of counsellor and on the ways in which you consider yourself to have grown and developed of late. (Minimum length: 1000 words)

(12) Other supporting information

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

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(13) References

Please supply the names and addresses of two referees.

You may submit two personal references or one personal reference and one reference from a listening/counselling training course tutor.

Where appropriate, one of the references may be from someone who is in a position to comment on your spiritual journey.

Referee 1

Name: _____

Address: _____

_____ Postcode: _____

Daytime Telephone no: _____

Relationship to applicant: _____

Referee 2

Name: _____

Address: _____

_____ Postcode: _____

Daytime Telephone no: _____

Relationship to applicant: _____

Signature of applicant: _____

Date of application: _____