

PLEASE DO NOT STAPLE

network:training

In partnership with the  UNIVERSITY OF
GLOUCESTERSHIRE

Certificate of Higher Education in Pastoral Counselling (Year 2)

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.

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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 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

PLEASE GIVE THIS INFORMATION ON SEPARATE TYPEWRITTEN A4 SHEETS

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)

- **1000 – 1500 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
- A **video tape** **OR** an **audio tape** **of a counselling session**
(minimum length 45 minutes)
- A **critical evaluation** of my work on the video/audio tape
- Previous **listening** or **counselling training** (section 5)
- **Autobiographical essay** (section 11)
- **Other supporting information** (section 12)

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(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: _____