

DO NOT STAPLE

# network:training

...in partnership with the  UNIVERSITY OF GLOUCESTERSHIRE

## Diploma of Higher Education in Pastoral Counselling AP(E)L Application Form

Please return the completed form to:

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

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

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

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

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

\_\_\_\_\_

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

**Telephone:** Daytime \_\_\_\_\_

Evening \_\_\_\_\_

**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, A levels or equivalent qualifications 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) Your counselling approach**

Please describe your personal counselling approach and identify the key theoretical influences on your counselling practice.

### **(8) Listening/counselling experience**

Please give details of your counselling experience. This may include the experience of using counselling skills in other roles/settings.

Include the following:

- (a) the context in which the counselling took place
- (b) whether the counselling was supervised
- (c) the number of hours of supervised counselling completed
- (d) the nature of the counselling contracts (e.g. short/long term)
- (e) the range of presenting problems with which you have had experience
- (f) details of the supervision you have received

### **(9) Your strengths and limitations as a counsellor**

Identify your strengths and limitations as a counsellor. How do you see your own key areas for further development?

### **(10) 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.

### **(11) Your spiritual journey**

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

## **(12) The challenges you will face**

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

## **(13) 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)

## **(14) 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

## **(15) Application enclosures**

I wish to apply for a place on the Network Diploma 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 the Dip course

c.f. the attached sheets entitled ‘Assessment of prior learning procedure’ and ‘Accreditation of prior learning criteria’ for guidelines.

- 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
- Details of **previous listening or counselling training** (section 5)
- **Autobiographical essay** (section 13)
- **Other supporting information** where relevant (section 14)

## **(16) References**

Please supply the names and addresses of two referees as follows.

### **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: YOUR COUNSELLING SUPERVISOR**

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

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

\_\_\_\_\_

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

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

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

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

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