

Application Form

Please post completed forms to: Heartwood, Dartington Space, Dartington Hall, Totnes, Devon, TQ9 6EN

or email to [heartwood1@btconnect.com](mailto:heartwood1@btconnect.com)

SECTION A Course Details

Enter the details of the course you would like to apply for

Start Date Day of Name and Level of Course

Month/Year the week

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SECTION B Personal Details

Name: (as you would like it ..............................................................................................................................................

to appear on a certificate)

Known as: (if different) ..........................................................................................................................................................

Title:.............................................................................................. Male Female

Correspondence Address:......................................................... Date of Birth:............................................................

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Post Code:......................................................................................

Telephone Numbers- Home:........................................................ Mobile:......................................................................

E-mail Address:...........................................................................................................................................................................

Please could you supply us with emergency contact details:

Name:..........................................................................................................................................................................

Telephone Numbers- Home:........................................................ Work:.........................................................................

Mobile:............................................................................................. Relationship: eg wife, friend etc.............................

SECTION C Entry Requirements

Please list the details of your qualifications below (most recent, most relevant and highest level of achievement)

Year

Achieved Course Title and Level Centre Awarding Body

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Year Employer Role

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*Please continue on another sheet, if necessary*

Please list the details of your employment history below:

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*Please continue on another sheet, if necessary*

Have you experienced any mental health issues or significant loss over the past five years, (bereavement, illness, relationship break-up etc.) If so, please give details as this may impact upon your training.. *This information will be held in strictest confidence.*

Please tick the category you feel most describes your ethnic origin

1 White - British

2 White - Irish

3 White - Any other White background

4 Asian or Asian British - Bangladeshi

5 Asian or Asian British - Indian

6 Asian or Asian British - Pakistani

7 Asian or Asian British - other Asian background

8 Black or Black British - African

9 Black or Black British - Caribbean

10 Black or Black British - other Black background

11 Chinese

12 Mixed - White and Asian

13 Mixed - White and Black African

14 Mixed - White and Black Caribbean

15 Mixed - Any other mixed background

16 Any other

99 Not known / not provided

LEARNING DIFFICULTIES - Please Indicate

1 No learning difficulty

2 Aspergers

3 Autism Spectrum Disorder

4 Discalculia

5 Dyslexia

6 Dyspraxia

7 Moderate learning difficulty

8 Multiple learning difficulty

9 Severe learning difficulty

10 Other - please state

1. No disability

2 Not known / not provided

3 Do not wish to declare

4 Other - Please state

5 Asthma

6 Diabetes

7 Disability affecting mobility

8 Emotional / behavioural difficulties / ADHD

9 Epilepsy

10 Hearing Impairment

11 ME

12 Mental ill health

13 Multiple disabilities

14 Profound complex disabilities

15 Temporary disability after illness

16 Visual Impairment

DISABILITIES

Please indicate any which apply to you

Do you have a medical condition: YES / NO

Please give details including contact details of doctor

*Do you have an official assessment document for any learning difficulty disclosed above?* 

*If so, please could you provide a copy for Heartwood to support you with your learning needs.*

SECTION E Agreement

I agree that all of the information on this form is correct.

I agree to Heartwood processing the personal data on this form in accordance with the Data Protection Act 1998.

Signed:........................................................... Print:........................................................... Date:...............................

Name:

Capacity in which they know you:

Email address:

Telephone number:

SECTION D Referees (Level 4 and above only) Please provide details of two referees of which at least one is a past counselling tutor, a counselling line manager (placement or employment) or a counselling supervisor)

Name:

Capacity in which they know you:

Email address:

Telephone number: