

**Interview Application Form**

Please complete and return to: enrolments@heartwoodcounselling.org

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| --- | --- |
| Preferred interview date/time: |  |
| Course Start Date and Centre Venue applied for: |  |

Please answer the below questions as fully as possible as your answers will help our tutors get to know you better and allow them to discuss your answers in further detail during your interview. All material information relating to your application must be disclosed. It is your responsibility to ensure that you declare all relevant information. All answers you provide will be held in strictest confidence.

**About you:**

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| --- | --- |
| Name: |  |
| Gender pronoun: |  |
| Correspondence address:  |  |
| Postcode:  |  |
| Email address: |  |
| Home phone:  |  |
| Mobile phone: |  |
| Date of Birth: |  |
| Identification: To confirm your identity, please provide a copy of photo ID (e.g. driving licence photo page or Passport photo page) by email to enrolments@heartwoodcounselling.org. |

**Experience and skills**

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| Education/vocational qualifications and training dates: |
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| Any relevant Counselling certificates/courses – Please include provider name, levels achieved with completion dates. Please provide copies. |
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| Any relevant Counselling experience/employment – Please include full details and dates: |
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| Employment history: |
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| Other relevant career experience and/or voluntary positions: |
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| Other previous qualifications, certificates, workshop attendance:  |
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**Learning requirements**

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| Please indicate below if you are aware of any specific learning requirements or difficulties you may have e.g., Visual/hearing impairment, dyslexia, physical/mobility difficulty |
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**Personal statement** **questions**

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| What is it about the Heartwood Integrative approach to Counselling that interests you?  |
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| What is your current experience of counselling/psychotherapy? |
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| Please state briefly why you are interested in applying for this level course? |
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| Describe how you perceive the role of the counsellor and what particular current skills you have to carry out this career role. |
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| Have you experienced and/or been diagnosed with any mental health issues. If so, please give details, including any medication. This information will be held in strictest confidence. |
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| Have you experienced any significant loss (bereavement, illness, relationship break-up etc). If so, please give details, this information will be held in strictest confidence. |
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**Disclosure**

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| Please provide any legal and permitted disclosures of past issues or behaviour, such as disciplinary proceedings by a relevant statutory or voluntary professional body. **You must provide an answer to this section**, including ‘none’ if not applicable. Failure to answer this section will immediately invalidate your application.  |
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Please note that as a potential trainee counsellor it is important that you are able to reflect on significant events in your life. These include your early childhood, traumatic/difficult experiences and how you have dealt with them, the choices you have made and the important encounters you have had with others. During the training these life experiences are linked with theory, come up at skills practice and then applied to client work. During the interview we will explore how you feel about this aspect of training.

**Declaration**

* I hereby declare that the information I have provided about myself in this application is true and correct.

**Consent**

* I agree to Heartwood Counselling and Psychotherapy Ltd processing the data on this form in accordance with the Data Protection Act 2018.

Your personal data will be used to process your enrolment, support your experience throughout this website, and for other purposes described in our [privacy policy](https://heartwoodcounselling.org/privacy-policy/).

**Terms**

* I have read and agree to the [Terms and Conditions](https://heartwoodcounselling.org/terms-and-conditions/)

**Signed**:……………………………………………… **Date**:…………………………

If accepted onto the course we will request the following information, you may wish to complete these questions now, alternatively we will get in touch after your interview:

**Emergency contact details**:

|  |  |
| --- | --- |
| Name:  |  |
| Relationship:  |  |
| Mobile number:  |  |
| Home phone:  |  |
| Work phone: |  |

**References**

|  |  |
| --- | --- |
| Referee Name: |  |
| Phone number: |  |
| Email address: |  |
| Capacity in which they know you. Should not be a relation or family member: |
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**Other useful information**

|  |  |
| --- | --- |
| Do you have a current DBS check?  | Y or N Date: |
| How did you hear about us? |  |

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| **-------------------------------------OFFICE USE ONLY------------------------------------**Certificates seen: Y/NSkills assessment/tutor reference attached and seen:Suggested Level:Action(s) if required:Accepted Y/NInterviewer signature: Date:Confirmation/action sent: Y/N Initial and date: |