



Application Form

LEWISHAM COUNSELLING & COUNSELLOR TRAINING ASSOCIATES

28/05/09

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This information is collected in order to ensure we give you the correct guidance and advice in relation to the course which is right for you. All the information you give is treated as confidential in line with the Data Protection Act 1998 and in line with our Disclosure of Information Policy (which is Lewisham College's Policy for the Disclosure of Information on Students).

PLEASE COMPLETE ALL SECTIONS OF THIS DOCUMENT USING BLOCK CAPITALS

1. PERSONAL DETAILS

Name:

Address & Post Code:

Email:

Telephone Nos - Home:

Day Time:

Mobile:

Date of Birth:

2. WHICH COURSE ARE YOU APPLYING FOR?

3. WHY DO YOU WANT TO TAKE THIS COURSE?

4. WHAT ARE YOUR LONG TERM CAREER GOALS?

5. PLEASE LIST YOUR HIGHEST QUALIFICATION:

<u>QUALIFICATION & AWARDING BODY</u>	<u>DATE AWARDED</u>	<u>INSTITUTION</u>	<u>GRADE ACHEIVED</u>
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6. PLEASE LIST YOUR CURRENT OR LAST WORK EXPERIENCE (current OR LAST position held)

<u>ORGANISATION</u>	<u>POSITION HELD / JOB TITLE</u>	<u>DATE EMPLOYED: FROM / TO</u>
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7. WHAT IS YOUR FIRST LANGUAGE?

10. WHAT SKILLS or EXPERIENCE COULD YOU USE TO CONTRIBUTE TO LC&CTA ACTIVITIES or EVENTS?

11. WHERE DID YOU HEAR ABOUT LC&CTA COURSES?

PLEASE NOTE THAT IF YOU ARE APPLYING FOR THE HIGHER PROFESSIONAL DIPLOMA in COUNSELLING THIS APPLICATION FORM MUST BE ACCOMPANIED BY AN 'INITIAL ASSESSMENT FORM'; which is also obtainable from our Website.

PLEASE ALSO NOTE THAT THIS IS NOT AN ENROLEMENT FORM AND YOU MAY BE REQUIRED TO ATTEND AN INTERVIEW BEFORE YOU ARE ACCEPTED FOR THE COURSE OF YOUR CHOICE.

DECLARATION:

I confirm that all the information above is true and correct.

Name: _____ **Signature:** _____ **Date:** _____

FOR LC&CTA USE ONLY:

REFERENCES RECEIVED DATE:

Please send your completed Application Form to:

Chris Brown,
LC&CTA
Broadway House,
15-16 Deptford Broadway,
London SE8 4PA