

**The Manna House Counselling Service**

UoN Innovation Centre, Green Street,

Northampton NN1 1SY

**Tel:** 01604 633304

**E-mail:** training@mannahouse.org.uk

**Web:** www.mannahouse.org.uk

**APPLICATION FORM**

**Level 2 Award -**

**Introduction to Christian Counselling Course**

***Papers related to this selection process are held confidentially and destroyed when no longer needed.***

|  |  |  |
| --- | --- | --- |
| Personal Details (*block capitals please*) | | |
| Surname: | First Name: | Title: |
| Address:  Postcode: | Preferred Name: | |
| Home Phone No : | |
| Mobile Phone No: | |
| Email: | |
| Occupation: | | |
| Course Applying For:  Summer School: Autumn Course: Spring: | | |
| Where did you hear about this course? | | |

|  |
| --- |
| Experience/Training |
| Please give details of any training or relevant experience you have had in Christian or secular counselling: |
| Please give details of all caring, support or pastoral experience you have had or led: |

|  |
| --- |
| Church Involvement |
| Name of Church, (if appropriate), and number of years you have been a member? |

|  |
| --- |
| Church Involvement continued |
| Is your minister aware that you have applied for this course? |
| How are you involved in your church at present? |

|  |
| --- |
| Additional Information |
| Have you had personal experience of counselling in the past? Yes No    If Yes, have you had personal counselling within the last 6 months? Yes No |
| Do you have any specific requirements that we should be aware of, for example physical disability or learning needs? If so please give brief details: |
| Do you have any criminal/legal convictions or are you on the sex offenders register?  Yes No  If you answered Yes please give details: |

|  |  |  |
| --- | --- | --- |
| Reference | | |
| Please give the name of one person willing to provide a reference for you. The referee must not be a relative and should have known you personally for some time. It would be preferable if the referee is your minister or a church leader: | | |
| Surname: | First Name: | Title: |
| Email: | | |

|  |  |
| --- | --- |
| Declaration | |
| Please sign below to verify, to the best of your knowledge, that all the information you have provided is accurate. By signing you also give us permission to keep your data on file and to forward it to CPCAB (Counselling and Psychotherapy Central Awarding Body) for registration purposes (GDPR compliance). | |
| Signed: | Date: |
| I declare that I have read the Terms of Application and, should I be offered and accept a place on this course, I am committing to pay the full course fee, regardless of whether I complete the course. | |
| Signed: | Date: |

|  |
| --- |
| Deposit (Non-refundable) |
| Deposits can be paid by cheque made payable to – The Manna House Trust, or electronically by bank transfer to:  The Manna House Trust, Co-operative Bank PLC  A/C **50136872** Sort Code **08-90-73**.  Please reference your bank transfer using your name and course level (e.g. J Bloggs – L2) or write this information on the back of your cheque.  I enclose a cheque for £95 I have paid £95 by bank transfer |

When completed, this form should be returned along with £95 non-refundable deposit to:

[Training@mannahouse.org.uk](mailto:Training@mannahouse.org.uk) or to

Training Administrator,

The Manna House Counselling Service,

UoN Innovation Centre, Green Street,

Northampton NN1 1SY

Places are limited so please return your application as soon as possible.

