

**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 4 Diploma in Christian Counselling

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

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| Personal Details (*block capitals please*) | | |
| Surname: | First Name: | Title: |
| Address:  Postcode: | Date of Birth: | |
| Home Phone No : | |
| Mobile Phone No: | |
| Email: | |
| Occupation | Part Time:  Full Time: | |
| Where did you hear about this course? | | |
| How did you become interested in counselling? | | |

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| Experience/Training |
| Please state all educational training or experience relevant to counselling, for example – Level 2 and 3 Counselling Courses\*: |
| *\*If your Level 3 was not was not completed at Manna House, please provide a copy of your Level 3 Certificate.* |
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| Please give details of all caring, support or pastoral experience you have had or led: |

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| Please give details of your highest educational qualification/s – GCSE/A’level/degree: | | | |
| Qualification: | Training Establishment: | Date taken: | Level obtained: |
| *eg: A’level Biology* | *Southmoor Academy* | *June 2016* | *Grade* |
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| Church Involvement |
| Outline briefly how and when you became a Christian and identify the effect this had on your life: |
| Name of Church, (if appropriate), and number of years you have been a member? |
| Is your minister aware that you have applied for this course? |
| How are you involved in your church at present? |
| Our Level 4 Diploma in Christian Counselling requires students to be increasingly self aware and therefore may make demands on students emotional and mental state, please give details of family and friends who can support and encourage you: |

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| Additional Information |
| Have you had personal experience of counselling in the past? Yes No    If Yes, have you had 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: |
| Please give further details of any physcial or mental health issues and diagnosis including any medication/s: |

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| Do you have any criminal/legal convictions or are you on the sex offenders register?  Yes No  If you answered Yes please give details: |

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| **Please use this section to write a pre course essay.**  Having completed some recognised training in counselling and come to the point of wanting to do the Diploma course, what have you learnt about yourself so far? How has it changed you and what impact has it had on others? Finally, how does this shape what you feel you bring to the counselling process and the profession as a whole?  This should be approx. 1300 – 1700 words.  *Please continue on a separate sheet of paper as necessary ….* |

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| References |
| Please give the name of two people who are willing to provide a reference for you. Your referees must not be a relative and should have known you personally for some time. At least one should be your minister or a church leader:  *(If in the last 12 months, you have completed a Level 3 course with Manna House, one single referee from your church leadership will be sufficient)* |

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| Referee 1: | | |
| Surname: | First Name: | Title: |
| Email: | | |
| Address (+postcode) if email not provided: | | |

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| Referee 2: | | | | |
| Surname: | | First Name: | | Title: |
| Email: | | | | |
| Address (+ postcode) if email not provided: | | | | |
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| **If your level 3 Certificate was not completed at Manna House, please provide contact details for your Level 3 Tutor:** | | | | | |
| Surname: | First Name: | | Title: | | |
| Email: | | | | | |
| Address (+ postcode) if email not provided: | | | | | |

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| 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 the Counselling and Psychotherapy Central Awarding Body (CPCAB) for registration purposes (GDPR compliance). | |
| Signed: | Date: |

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| 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 for all training received. | |
| Signed: | Date: |

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| Deposit (Non-refundable) |
| Deposits can be paid either 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 – L4) or write this information on the back of your cheque.  I enclose a cheque for £292 I have paid £292 by bank transfer |

When completed, this form should be returned along with £292 non-refundable deposit to:

Training Administrator

[Training@mannahouse.org.uk](mailto:Mannahousetraining@gmail.com) or

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A logo for a counseling service

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Description automatically generatedPlaces are limited so please return your application as soon as possible.A close-up of a logo

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