# Wealden College Course Application Form

# An electronic application form is available [on our website](http://www.wealdeninstitute.co.uk/wp-content/uploads/Course-Application-Form-27-Jan-2017.pdf) for those who prefer this to a paper form.

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| Please email this completed application form to the Admissions Secretary on: [admin@wealdeninstitute.co.uk](mailto:admin@wealdeninstitute.co.uk)  We will then contact you to arrange an interview.  Please note that for all short courses, workshops, introductory certificates and diploma level training, the flyers with booking slips are available on the [Wealden Institute website](http://www.wealdeninstitute.co.uk).  Any questions, please contact the head office in Crowborough, by email as above, or telephone: 01892 655195  Simply place your cursor in the shaded areas and type. | | | | | | | | | | | | |
| **Please provide your name and full contact details.** | | | | | | | | | | | | |
| Name: | |  | | | | | Date of birth: | | | | | |
| Address: | |  | | | | | | | | | | |
| Telephone(s): | |  | | | | | | | | | | |
| Email: | |  | | | | | | | | | | |
| **Please read carefully and tick the boxes below to indicate your agreement to the following regarding the use made by Wealden College of your contact details:** | | | | | | | | | | | | |
| I agree to be contacted by email by Wealden College admin in order to process my course application. Wealden College guarantees that we will never sell your email address. | | | | | | | | | | | |  |
| I agree to Wealden College using my email address to keep me updated on Wealden College news. | | | | | | | | | | | |  |
| I understand that I can request that my details be deleted if I do not enrol on a course with Wealden College. | | | | | | | | | | | |  |
| I understand that I can request to see the data concerning me held by Wealden College at any time. | | | | | | | | | | | |  |
| **Please select the course for which you are applying. If you wish to apply for more than one course please complete a separate application for each one.** | | | | | | | | | | | | |
| Certificate in Counselling | | | | | | | | | | | |  |
| Certificate in Trauma Therapy | | | | | | | | | | | |  |
| Diploma in Trauma Therapy | | | | | | | | | | | |  |
| Certificate in Animal Assisted Therapy | | | | | | | | | | | |  |
| Diploma in Animal Assisted Therapy | | | | | | | | | | | |  |
| Certificate in Mindfulness | | | | | | | | | | | |  |
| Diploma in Mindfulness | | | | | | | | | | | |  |
| **Please list your prior counselling or psychotherapy training.** | | | | | | | | | | | | |
| **Course title** | | | | | | **Hours** | | **Start Date** | | | **End Date** | |
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| **Please list all your Professional / Academic qualifications** | | | | | | | | | | | | |
| **Qualification** | | | | | | | | | | | **Date** | |
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| **Please provide details of your educational history** | | | | | | | | | | | | |
| **School / University** | | | **Date started** | | **Date ended** | | | | **Educational Outcome** | | | |
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| **Please provide information on your work experience:**  Please list your employment and/or volunteer experience chronologically, beginning with the most recent. | | | | | | | | | | | | |
| **Dates** | **Name of Employer** | | | **Nature of work** | | | | | | **Paid or volunteer** | | |
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| **Please describe briefly your current employment (please use a separate sheet if necessary)** | | | | | | | | | | | | |
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| **Please write a letter of application, stating your reasons for applying to undertake this training at this point in your life and what use you intend to make of the training, in no more than 500 words (please use a separate sheet if necessary).** | | | | | | | | | | | | |
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| **Referees** | | | | | | | | | | | | |
| Please list two people whom you know well, but with whom you do not have a close personal relationship, and who are willing to submit a professional reference on your behalf. Two “reference request” letters are provided in the Course Prospectus available on our website. Please forward them to your referees. If you have trained at another institute, one of your references should be from a tutor or member of staff of that institute. | | | | | | | | | | | | |
| Name and Address of referee 1 [please state relationship and how long known]: | | | | | | | | | | | | |
| Name and Address of referee 2 [please state relationship and how long known]: | | | | | | | | | | | | |
| **Data Protection** | | | | | | | | | | | | |
| Wealden College of Counselling and Psychotherapy is Registered with the ICO and complies with the requirements of the GDPR 2018. The information you provide will be used to process your application, and if accepted on a course, to administer and manage your student relationship with us. This may involve sharing with appropriate third parties including professional bodies e.g. BACP, UKATA, placement agencies etc. It will be processed fairly, accurately and confidentially and will not be disclosed to others unlawfully.  You may ask to consult the information we hold about you at any time.  Should you have a concern about our use of your data you may contact the Information Commissioner’s Office at: <https://ico.org.uk/concerns/>  Wealden College Privacy Policy is available on our website. We encourage you to consult this document by [clicking here](http://www.wealdeninstitute.co.uk/about-us/terms-conditions/)  Should you have a concern about our use of your data you may contact the Information Commissioner’s Office at: <https://ico.org.uk/concerns/>  Wealden College Privacy Policy is available on our website. We encourage you to consult this document by [clicking here](http://www.wealdeninstitute.co.uk/about-us/terms-conditions/). | | | | | | | | | | | | |
| **Statement of truth** | | | | | | | | | | | | |
| **I confirm that the details on this Application form are correct to the best of my knowledge.** | | | | | | | | | | | | |
| Signature: | | By typing your name in the box above you agree that this is equivalent to your physical signature, and that the information provided on this form is accurate. | | | | | | | | | | |
| Date: | |  | | | | | | | | | | |

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