**Integrative Diploma in Counselling and Psychotherapy working with Adults, Children and Young People**

**2022-2024**

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| --- | --- |
| Name |  |
| Address |  |
| Telephone Number |  |
| Email |  |
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| **Qualifications** |
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| **Where do you work and what do you do there? Please include any paid work, voluntary work,home/family/carer responsibilities or life purpose as you define it** |
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| **Details of previous relevant work experience (including clinical experience)** |
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| **What is your purpose in applying to join this training in terms of:**1. **Personal growth**
2. **Professional development**
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| **Self-assessment: what do you know about your work – strengths and growing edges?** |
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| **How do you respond to criticism?** |
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| **What support do you have while undertaking this programme?** |
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| **What do you know about how you are in groups?** |
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| **What do you have to offer to a training group?** |
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| **What support do you have while undertaking this programme?** |
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| **Please provide names, addresses and emails for 2 referees.**  |
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Please return your completed application form to training@smilecounselling.org.uk with the heading “Diploma Application”