**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](mailto:training@smilecounselling.org.uk) with the heading “Diploma Application”