

**ST PAUL’S CENTRE, 102A CHURCH STREET, ENFIELD, MIDDLESEX, EN2 6AR**

**Tel: 020 8367 2333 Email:** **info@enfieldcounselling.co.uk** **Web:** [**www.enfieldcounselling.co.uk**](http://www.enfieldcounselling.co.uk)

**ECS Training Application Form** Confidential

Three Year Diploma in Psychodynamic Counselling

Name: ..............................................................................................................................

Address : ..............................................................................................................................

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Telephone Daytime: ......................................................................

Telephone Evening: ......................................................................

Email: .....................................................................

Date of birth: ......................................................................

Occupation: .............................................................................................................................

Please complete the following questions:

**Qualifications**

You need to include qualifications gained after secondary school.

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1. What is your reason for applying for this course?

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1. What is your experience with working with people, including voluntary work?

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3. What is your interest in counselling?

Write about how your interest in counselling developed. You can include life experiences which may

have influenced you. Please use a separate sheet if necessary.

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4. Personal history

Please give details of life events you consider important.

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5. Personal counselling or psychotherapy

Please give details of current or past therapeutic experiences. If current, please fill in details in the

following section.

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| Name and address of counsellor/psychotherapist:......................................................................................................................................................**Orientation** State whether psychodynamic: if other orientation state which, e.g: person centred.......................................................................................................**Registration** State whether counsellor/psychotherapist is registered with UKCP (PP section); British Psychoanalytic Council (BPC) or British Association for Counselling and Psychotherapy (BACP).......................................................................................................**Date Started**.......................................................................................................Number of sessions per week....................................................................................................... |

**References**

Please supply details of two referees. Your first referee needs to be your course tutor.

**Referee 1**

Name: ................................................................................................................................

Address: ....................................................................................................................

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Postcode ................................

Telephone: ...............................................................................................

Occupation: ...............................................................................................

**Referee 2**

Name: ................................................................................................................................

Address: ....................................................................................................................

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Postcode ................................

Telephone: ...............................................................................................

Occupation: ...............................................................................................

Date of application: ................................................................................................

Signed: ................................................................................................

Return your form to Enfield Counselling Service (ECS) by submission date with the application fee of £16.00. This fee is not applicable for ECS certificate students. Make the cheque payable to Enfield Counselling Service. If paying by BACS payment, please quote as reference your name, the name of the course and make payment to:

Enfield Counselling Service, CAF Bank, Account No: 00009093, Sort Code: 40 52 40