

**1A LONDON ROAD, ENFIELD, MIDDLESEX, EN2 6BN**

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

# ECS Training Application Form

Four Year Diploma in Psychodynamic Psychotherapy

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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**2. 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:**

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**Orientation** State whether psychodynamic: if other orientation state which e.g: person centred

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**Registration** State whether counsellor/psychotherapist is registered with UKCP (PP section); British Psychoanalytic Council

(BPC) or British Association for Counselling and Psychotherapy (BACP)

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**Date Started**

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Number of sessions per week

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**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:** .............................................................................................................................................................

.............................................................................................................................................................

**Postcode** ................................

**Telephone**: ........................................................................................................

**Occupation:** ........................................................................................................

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

**Signed:** ......................................................................................................................................

Return your form to Enfield Counselling Service (ECS) by the submission date with the application fee of £50.00. For payment by bank transfer, 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