***ACT Counselling Services Ltd***

 **Diploma in Counselling Supervision – Course Application**

**Personal Details**

| First name |  |
| --- | --- |
| Surname |  |
| Address (used to post certificate on completion) |  |
| Post Code |  |
| Home Mobile no |  |
| Counselling Modality |  |
| E-mail |  |

**Please provide a statement outlining your reasons for applying for this course. Include**

**Your expectations and learning objectives (min 300 words)**

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**Please provide details of your experience as a counsellor/psychotherapist. Include any**

**Specialisms and client populations worked with.**

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| **Please provide details of how the learning and skills taught on the course will be applied to meet with the course assessment elements.** |

**Additional Information**

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**Participation**

| Most ACT Counselling Services short courses require participants to share manageable personal experiences (within safe boundaries and a group working agreement) and practice-based issues. |
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signed……………………………………………………….. date…..…/….……/………