# Application Form - Level 2 Certificate in Counselling Skills

Name (Please use block capitals and print your name as you wish it to appear on your Certificate):

|  |
| --- |
|  |

Address & Postcode:

|  |
| --- |
|  |

|  |
| --- |
| DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be 18+) Age: \_\_\_\_\_\_ Gender: Male/Female/Non-binary/Other/Prefer not to say   |

|  |
| --- |
| Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Reasons for applying: |

|  |
| --- |
| Relevant Experience in a helping/supporting role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Relevant Qualifications (if any) |

Are you able to access Microsoft Teams? YES/NO Large Print Handouts? YES/NO Do you require Wheelchair access? YES/NO

Other additional learning needs (Please specify):

How did you hear about this training course:

Preference for attendance (please delete as applicable) Wednesday evening/Friday morning/

no preference

**Please note that although we will try to allocate your preferred day, we cannot guarantee this**

We intend to deliver most of this course at LCVS in Dale Street, Liverpool City Centre and the remainder via Microsoft Teams. Please note however, that this is subject to change, depending on Covid restrictions. If you are accepted onto this course, please indicate your agreement to the above and the course fees as follows:

Course fees £796

Examining Board Registration fee £174

Total cost £970

I enclose the FEE of £ (Please make cheques payable to Compass)

I have paid via BACS transfer the FEE of £

Sort code: 08 92 99

Account No: 67242238

Please arrange to call me to take my debit/credit card details

Please return application form to :

Compass Counselling Services

151 Dale Street

Liverpool

L2 2AH

Fax: 0151 237 3994

Email: enquiries@compass-counselling.org.uk

I agree to pay £100deposit, refundable in the event of the course not taking place or my application being unsuccessful and the following:

£522 upon commencement of course (this fee includes £174 Examining Board registration fee which is non refundable once the course begins)

£348 week commencing 2 January 2023

Name: ……………………………………Signature: ………………………………….

Date …………………………………………