



Application Form 2018/19

EVE Therapy Training Counselling Programmes

Please fillout all sections of this form by hand; incomplete or typewritten applications will not be accepted. This includes your written personal statement found towards the end of the application form. Return by post/in person to EVE Therapy, 287, Lordship Lane, East Dulwich, London SE22 8JG.

Personal details

Title:	Mr Mrs Ms Miss (please tick)	Student Number:	
Family name:			
First name:		Date of Birth:	
Telephone number:		Mobile number:	
Address:		Email:	(This is the main way we will contact you. Please write clearly.)
Postcode:			
Do you have a micro chipped British passport?			
YES NO			

Course details

Course applied for: <i>(please tick one only)</i>
<input type="checkbox"/> Counselling: An Introduction <input type="checkbox"/> Level 2 (Intermediate) in Counselling Skills <input type="checkbox"/> Level 3 in Counselling Studies

Support Needs

If you have a learning difficulty (eg dyslexia) or a physical disability, a medical condition or mental ill health, we would like to be able to support you to achieve on your course.	
Do you have a disability/learning difficulty? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please tick the appropriate box(es) below:	
<input type="checkbox"/> 01 Visual impairment i.e. difficulty seeing	<input type="checkbox"/> 07 Profound or complex disability
<input type="checkbox"/> 02 Hearing impairment i.e. difficulty hearing	<input type="checkbox"/> 08 Asperger's Syndrome
<input type="checkbox"/> 03 Disability affecting mobility i.e. difficulty moving	<input type="checkbox"/> 09 Other Disability

<input type="checkbox"/> 04 Other physical disability	<input type="checkbox"/> 10 Dyslexia
<input type="checkbox"/> 05 Emotional/behavioural difficulties	<input type="checkbox"/> 11 Other specific learning difficulties
<input type="checkbox"/> 06 Mental ill health i.e. depression, anxiety, schizophrenia, bipolar etc.	<input type="checkbox"/> 12 Other Learning Disability

Is there anything else you would like to tell us that would help us understand how best to support you?

What childcare/ family care arrangements will you need to make before undertaking this course?

Ethnicity

What is your ethnic group? Choose the option that best describes your ethnic group or background.

White	
<input type="checkbox"/> 31 English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/> 33 Gypsy or Irish Traveller
<input type="checkbox"/> 32 Irish	<input type="checkbox"/> 34 Any other White Background
Mixed/Multiple Ethnic Groups	
<input type="checkbox"/> 35 White and Black Caribbean	<input type="checkbox"/> 37 White and Asian
<input type="checkbox"/> 36 White and Black African	<input type="checkbox"/> 38 Any other Mixed/Multiple Ethnic background
Asian/Asian British	
<input type="checkbox"/> 39 Indian	<input type="checkbox"/> 42 Chinese
<input type="checkbox"/> 40 Pakistani	<input type="checkbox"/> 43 Any other Asian background
<input type="checkbox"/> 41 Bangladeshi	
Black/African/Caribbean/Black British	
<input type="checkbox"/> 44 African	<input type="checkbox"/> Any other Black background
<input type="checkbox"/> 45 Caribbean	
Other Ethnic Groups	
<input type="checkbox"/> 47 Arab	<input type="checkbox"/> 78 Any other Ethnic Group
Your first language is:	

Residency

Have you lived in the UK for life? Yes No

If you have answered No to the question above, how long have you lived in the UK for?

Years Months

If you have lived outside the UK/EU in the last three years, please provide details:

In which country or countries have you been living? _____

How long for? Years Months

Do you depend on a visa or other permission to reside in the UK? Yes No

(If yes, you must enrol in person and bring your passport and visa or evidence of permission with you).

If Yes, what type of visa/permission do you have? _____

What is the expiry date of your visa/permission? (if applicable) _____

Employment

Are you:

- In paid employment
- Not in paid employment and looking for work
- Not in paid employment and not looking for work (includes retirement)

Do you work:

- 16 hours per week or more
- Less than 16 hours per week

Are you self-employed? Yes No

If you are not in paid employment how long have you been unemployed?

- Less than 6 months
- 6 -11 months
- 12 - 23 months
- 24 - 35 months
- Over 36 months

Were you in full time education or training before starting this course? Yes No

Please state your occupation below:

Qualifications and experience

Qualifications achieved			
<i>Please continue on another page if you need to.</i>			
Qualification type and level eg GCSE, BTEC, City and Guilds etc. <i>You will need GCSE Maths & English at grade C or above (or equivalent) to apply for most Access to HE pathways*</i>	Subject	Grade obtained	Date
<p>*All courses require GCSE grades A-D in English & Maths. Please attach a copy of your GCSE English & Maths (or recognised equivalents) certificates or transcripts with this application. We will not be able to further your application without these.</p>			
OR EQUIVALENT			
<p>Learner signature: _____</p>			
School(s)/college(s) attended from age 14+			
<i>Please continue on another page if you need to.</i>			
School/college	Dates attended		
<p>Describe any <u>previous</u> work or voluntary experience you have had, highlighting any aspects, which directly relate to the course you wish to study.</p>			
Which computer programs are you comfortable using?			

References

Should we require a reference, please provide contact details of a suitable referee, e.g. an employer, volunteer co-ordinator or former tutor (not a friend or family member).

Name:

Address:

Email address:

Telephone number:

Personal statement

Write a minimum of 200 words explaining why you want to undertake a Course in Counselling describing any skills you have which may help you to succeed.

Please continue on another page if you need to.

Marketing information

How did you hear about Counselling courses at EVE Therapy?

- A: Course Guide M: Search Engine
- B: Existing student L: Word of Mouth
- G: Advertisement (please specify) _____
- I: Flyer, Poster or Leaflet (please specify) _____
- J: Other (please specify) _____

Statement of accuracy and acceptance

Declaration of student:

- I declare that, to the best of my knowledge, the information I have provided is correct and that should my circumstances change, I will notify the EVE Therapy Training immediately.
- I have access to sufficient funds to cover all associated costs with my study, for the total duration of the course.
- I understand that the tuition fees do not include expenses such as textbooks, stationery and additional programme specific requirements.
- I understand that should I **not** have sufficient funds to cover all associated study costs, I may be asked to leave the course. Should this happen, I agree to pay any outstanding tuition fees owed to EVE Therapy Training. EVE Therapy Training reserves the rights to terminate my enrolment.
- If the wrong fees have been charged, I undertake to pay the difference in the fees involved.
- I understand that once I paid my deposit, that I am not entitled to a refund, nor am I able to transfer to another course.
- I understand that EVE Therapy reserves the right to change tutors, reschedule, cancel, close or combine courses if necessary.
- I undertake to attend regularly and punctually on the course for which I am applying for and conform to the regulations of EVE Therapy.
- I agree to abide by the various Acts covering health and safety, safeguarding and to follow instructions issued by EVE Therapy Training staff.
- I hereby certify that all the statements made on this declaration of finances are true and correct.

Privacy Statement

How we use your personal information

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Department for Education, including the Education Funding Agency to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Record Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information about use of and access to your personal data, and details of partner organisations are available at:
www.skillsfundingagency.bis.gov.uk/privacy
www.learningrecordsservice.org.uk

From time to time we may seek your view on the service provided by EVE Therapy. EVE Therapy wants to hear your views, both because they help us improve our service to you and because they can support the case for continued funding of our provision. If however, you do not wish to be contacted for a survey, please tick this box

EVE Therapy may also wish to contact you about courses or other learning opportunities relevant to you. Please tick the boxes if you do **not** wish to be contacted by the following methods:

post telephone email

Student Signature: _____ Date: _____

FOR EVE THERAPY USE ONLY

Information entered on System E

Method of payment (tick one): Full Fee in advance Deposit with instalments