**GENERAL COUNSELLING COURSE ENQUIREY FORM**

**Please only write in the white boxes**

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| **Name** |  |
| **Address** |  |
|  |
|  |
| **Postcode** |  |
| **Tel No****Landline** |  | **Mobile** |  |
| **Email address** |  |
| **DOB** |  | **Age** |  |
| ***What Counselling Course are you interested in applying for?*** |
| **Counselling Course** | **Entry Requirements****If you wish to apply for the course in column one, you MUST hold the qualification directly below in the middle column.**  | Please Tick |
| **Introduction to Counselling** | None |  |
| **Level 3 Certificate in Counselling** | Level 2 certificate or equivilant |  |
| **Level 4 Diploma in Counselling** | Level 3 certificate in counselling **ONLY** |  |
| **Level 4 Counselling Children & Young People**  | None/Open Access |  |
| **Level 5 Diploma in Counselling** | Level 4 Diploma in counselling **ONLY** |  |
| **Level 6 Diploma in Counselling** | Level 5 Diploma in counselling **ONLY** |  |
| **Please add any additional information with regards to previous study in counselling you may have completed, or questions you may have with regards to your course of interest. Please note that any previous course or module undertaken MUST be specifically related to counselling if applying for higher level counselling courses.**  |
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