**Non-Accredited - Introduction to Counselling**

**PLEASE COMPLETE THIS SECTION IN BLOCK CAPITALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mr/Mrs/Miss/Ms Surname** | |  | | |
| **Forename** | |  | | |
| **Previous Name(s)** | |  | | |
| **Address** | |  | | |
| **Postcode** |  | | **Date of Birth** |  |
| **Home Tel No** | |  | | |
| **Mobile** | |  | | |
| **Email Address** | |  | | |

**Additional Information.**

**Signed Date**

THE LAW NOW REQUIRES US TO MONITOR THE COMPOSITION OF ALL APPLICANTS

**Personal Reference No:**

Please note that the following information is required to fulfil a legal obligation and is necessary to enable us to check and to demonstrate to others that our application process is fair and equitable.

This information will be kept confidential at all times and will not be used by management in assessing an applicant’s suitability for a place on this course. We require you to complete the questionnaire on this page and return the completed form to our monitoring officer in the enclosed envelope.

**PLEASE INDICATE BY TICKING THE APPROPRIATE BOX BELOW:**

**1. My Perceived religious affiliation is:**

Catholic Protestant Other

**2. Gender, Marital status, Family status:**

A) My sex is: Male Female

b) My Marital status is: Married Single Other

c) My family status is: No caring responsibilities

Care for other relative Care for children Other

**3. Disability:**

a) Do you consider yourself to have a disability? Yes No

b) If yes, what is the nature of your disability?

If allocated a place on the course what adjustments/arrangements would you require?

(e.g. mobility, access to rooms, teaching aids etc.)

n/a