



The Sherwood Psychotherapy Training Institute

Counselling Concepts Application Form

Application Guidance Notes

Further information regarding the application process is available from our SPTI website via this link <http://spti.net/training/application.shtml>

Applicants are welcome to hand write or type the enclosed application form and you should ensure that all compulsory sections are completed in full and that you sign and date the declarations. Your form must be returned with your official signature. SPTI will accept an electronic paste of your signature, or you are welcome to hand sign the form. You should then submit a scanned copy of your application via email to admissions@spti.net and/or print and return your completed application directly to us at: **Admissions, SPTI, Thiskney House, 2 St James's Terrace, Nottingham, NG1 6FW**

1. Your Personal Information

We respect your privacy and are committed to protecting your personal data. Our privacy notice is available on our website at <http://spti.net/institute/privacynotice.shtml>. Please make sure you take the time to read and understand our privacy notice.

2. Applying to a course at SPTI

Application to this course is via application form accompanied by one reference. To accompany your application, you will need:

- One **Reference Request Form**
<http://spti.net/Downloads/forms/A02%2019ABC%20Reference%20Form.pdf>
- Fee payment

The information below details how the admissions process works, supported by the SPTI Admissions Policy. A copy of the full policy can be downloaded via the following link:

<http://spti.net/Downloads/documents/SPTI%20Admissions%20Policy%20V08%202019.pdf>

Full Legal Name

Your full legal name is required (including all middle names) as this is used to register you with SPTI and ABC Awards. This name must match your official identity documentation e.g. Passport / Birth certificate. Any subsequent changes to your legal name must be evidenced by official documentation such as a marriage certificate or deed poll change of name.

Reference Request Forms

The form will need to be completed by your referee and returned to Admissions. It should be submitted with the separate reference letter, produced where possible on company headed paper. Obtaining and ensuring the reference is received is the responsibility of the applicant.

Criminal Convictions*

The SPTI Application Form requires applicants to declare if:

“You have any convictions, cautions, reprimands or final warnings that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?”



The Sherwood Psychotherapy Training Institute
Counselling Concepts Application Form

If your answer is yes, please complete the DBS01 Criminal Conviction Declaration.

- DBS01 Criminal Conviction Declaration (returned with the completed Course Application)
http://spti.net/Downloads/forms/DBS01_Criminal_Conviction_Declaration.pdf

Application Deadlines

Applications are processed on a first come, first served basis, therefore early applications are advised to avoid disappointment. Applicants should contact the Admissions Office in the first instance to confirm places are still available.

Application Processing Timescales

We aim to respond to all applications within one month of receipt, if not sooner. In cases where this is not possible, applicants will be informed accordingly.

Offers

Acceptances of offers are processed on a first come, first served basis. Places are secured on receipt of the required payment and written acceptance of the offer.

International Students

SPTI is not a UK Home Office registered Sponsor with approval to admit overseas students. We can only consider applications from applicants who satisfy HOME fee residential status criteria e.g. UK/EU/EEA including Switzerland.

If you need any more help in making your application, please do not hesitate to contact us.

*Please note, completion of a DBS is not required for the Counselling Concepts Course. Further information regarding SPTI Policy and Procedure on the Monitoring of Criminal Records of Trainees can be found by clicking on the following link:

http://spti.net/Downloads/documents/DBS_Policy_Monitoring_Criminal%20Records_Applicants_2019_V3.pdf



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Counselling Concepts Application Form

Section 1: Course Application

Counselling Concepts (awarded by ABC Awards) **Start Date:**

Section 2: Personal Information

Full Legal Name <i>(Passport/Birth Cert. name)</i>	<i>(Please note: this name will be used for official certificates and must include all middle names)</i>		
Informal Name <i>(To be used for correspondence, Moodle & email account)</i>	Title <i>(e.g. Dr/Mr/Mrs/Miss/Ms)</i>		
Previous names <i>(Any name changes)</i>	Date of Birth		
Address	Please confirm your Sexual Identification Equality Challenge Unit	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Postcode			
Home Telephone	Mobile Telephone		
Email address			
Where did you hear about us?	Info Day Date Attended		

Section 3: Please provide brief details of your qualifications (School / College / Adult)

Organisation Name, Address & Postcode	Start MM/YY	End MM/YY	Subject	Level e.g. GCSE, A level, BTEC, NVQ		

Section 4: Please provide brief details of your work / voluntary experience

Organisation Name & Address	Nature of work	Paid / Voluntary	Date From	Date To



Counselling Concepts Application Form

Section 6: What has motivated you to apply for this course?

Please either tick below or provide a brief written description of your reasons.

- I am interested in the subject
- For work (continued professional development)
- To enhance my verbal and communication skills at work / voluntary work
- To enhance my verbal and communication skills (personal)
- I want to find out about counselling with a view to train as a counsellor / therapist
- To gain a level 2 qualification
- Other reason (please specify) _____

Section 7: Referee

We require one supporting reference provided from an impartial source (not friends or relations).

Potential referees can include:

- Employer (current or former)
- Work colleague / peer
- Voluntary work peer (school / charity / organisation / church)
- Previous educational establishment

It is your responsibility to forward the Reference Request Form to your chosen referee asking them to return the completed form together with a letter of reference directly to Admissions as soon as possible.

Referee Details

Name		Job Title	
Organisation			
Address			
Relationship to applicant		Length of time known	
Email		Telephone	

Section 8: Disability

Do you consider yourself to have a disability and/or learning difficulty? Please tick all that apply (The classifications below are provided from HESA (Higher Education Statistics Agency)).

No	<input type="checkbox"/> If no known disability, proceed to section 9	00
Yes	<input type="checkbox"/> If yes , please tick any of the following that apply and include further information below	
<input type="checkbox"/>	A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	51
<input type="checkbox"/>	A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder	53
<input type="checkbox"/>	A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	54
<input type="checkbox"/>	A mental health condition, such as depression, schizophrenia or anxiety disorder	55
<input type="checkbox"/>	A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches	56
<input type="checkbox"/>	Please tick if unable to use stairs	
<input type="checkbox"/>	You are Deaf or have a serious hearing impairment	57
<input type="checkbox"/>	You are Blind or have a serious visual impairment uncorrected by glasses	58
<input type="checkbox"/>	A disability, impairment or medical condition that is not listed above. Please provide more information below, or on a separate sheet	96

Further information:

Have you undertaken a formal assessment? Please tick.

Yes **No** (This may be requested if successful to support reasonable adjustments)



The Sherwood Psychotherapy Training Institute
Counselling Concepts Application Form

Section 9: Criminal Convictions - (Including DBS - Disclosure & Barring Service)

Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **YES**: Applicants are required to obtain and complete a separate form 'DBS01 Criminal Conviction Declaration'. This document forms part of the SPTI CRRP pack and should be requested from the Admissions Office directly or can be downloaded from the Application page of the SPTI website <http://www.spti.net/training/application.shtml>. This completed form should be submitted in a separate, named, sealed envelope marked "Strictly confidential CRRP information". Please remember to include the course title.

Note:

1. Applicants are advised under the provision of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) and the Police Act 1997 that a person should declare all convictions (that are not protected) where working with vulnerable adults or children.
2. Disclosure of a criminal record does not automatically debar applicants from consideration. The offence will only be taken into account if it is considered to be one that would make the applicant unsuitable for the type of training for which they have applied.
3. The information provided will be treated as strictly confidential and will be considered only in relation to this application for training.
4. The responsibility to disclose a criminal record rests with the applicant. Applicants who fail to disclose a conviction and whose subsequent DBS certificate reveals undisclosed convictions, cautions, reprimands and/or warnings (which are not protected) may have their offer withdrawn, or their registration terminated.

Section 10: Payment

Fees: Please note that in order to secure your place, the full fee payment of **£350** must be **(paid as soon as possible and prior to the course commencement)** as places are allocated on a first come, first served basis. **In case of withdrawal two weeks or more prior to the course commencement, a refund will be made, minus an administration fee of £20.**

If withdrawal is made subsequently, students are then liable for the full amount of £350.

Current fee valid until 1st September 2020

£350 via cash* / cheque*

Please make cheques payable to **SC&P** Please **do not send cash** in the post. Cash can only be accepted as the full correct amount in person at Thiskney House during office hours.
*Please delete as applicable

£350 via bank transfer

NATWEST, 134 Front St, Arnold,
Sort code: **54-21-51**
Account Number: **30516935**
(Please include Surname, Forename and ABC as the payment reference)

£350 via invoice

I have enclosed my authorised Fee Payment Invoice form (**available separately**) with full payment details of my employer / sponsor who will be responsible for the payment of my fees

Communication and Marketing

We may send you marketing information about SPTI courses, programmes and events. These may be similar or related to those on to which you are enrolled pursuant to this application and will be sent via email or post. For example, this may include dates for similar courses or information regarding other training and progression opportunities.

If you agree to be contacted in this way, please tick the relevant boxes:

I agree to be contacted by Post I agree to be contacted by Email

Declarations (Please sign your official signature – typed names will not be accepted)

By signing below, you are:

- Declaring that the information included within this application is a true and accurate record
- Confirming you have read and understood the Privacy Notice <http://spti.net/institute/privacynotice.shtml>

Signed:

Date:



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Section 11: Equal Opportunities Monitoring - OPTIONAL

Counselling Concepts (awarded by ABC Awards) **Start Date:**

The information in this section will be detached and stored on your records. It will not be considered as part of your application. It will be used for statistical analysis and information sharing only (see guidance note regarding data protection in 'Your Personal Information'.)

Please enter your full name below

Name

How would you describe your ethnicity?

The classifications below are provided from HESA (Higher Education Statistics Agency).

Please tick the appropriate category

(If using a word version of this form, you can copy and paste the tick symbol above)

White

White (10) Gypsy or Traveller (15)

Black or Black British

Caribbean (21) African (22)
 Other (29)

Asian or Asian British

Indian (31) Pakistani (32)
 Bangladeshi (33) Other Asian (39)

Other

Other Ethnic background (80)
 Not Known (90)

Mixed

White & Black Caribbean (41)
 White & Black African (42)
 White & Black Asian (43)
 Other mixed background (49)

Chinese

Chinese (34)
 Other Asian (39)

Arab

Arab (50)

Ethnicity Information Refused

Information refused (98)

If these categories seem inappropriate or inadequate to you, how would you wish to describe yourself?

How would you describe your sexual orientation?

Bisexual (01) Gay Woman / Lesbian (03) Other (05)
 Gay Man (02) Heterosexual (04) Information refused (98)

Gender Identity

Is your gender identity the same as originally assigned to you at birth? Yes (01) No (02)
 Gender ID Information Refused (98)

Would you describe yourself as a practising member of any of the following religions?

No Religion (01) Muslim (12)
 Buddhist (02) Sikh (13)
 Christian (03) Spiritual (14)
 Hindu (10) Any other Religion/Belief (80)
 Jewish (11) Info Refused (98)

Do you feel discriminated against in the application procedures for this course?

Yes No If Yes, in what way?
If necessary, please continue on a separate sheet