54 Bridge Street

Banbridge

Co.Down

BT324DQ

***Certificate in Complex Trauma & Childhood Abuse***

**APPLICATION FORM**

**PERSONAL DETAILS**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| Highest Academic or Professional Qualification | Obtained from | Date |
|  |  |  |

**WORK EXPERIENCE Please** begin with most recent

|  |  |  |
| --- | --- | --- |
| Employer | From & To | Nature of Duties |
|  |  |  |

**OTHER TRAINING**

|  |
| --- |
| Training in Counselling or related activities, qualifications and dates.Please attach evidence (e.g. photocopies of certificates to this application) |
|  |

**COUNSELLING / VOLUNTARY WORK EXPERIENCE**

|  |
| --- |
| Counselling /voluntary experience activities and dates.  |
|  |

|  |
| --- |
| Please give your reasons for wishing to undertake this training. |
|  |

**REFERENCES**

|  |
| --- |
| Please supply the names, addresses and telephone numbers of two people willing to give a reference for you. The referees must not be relatives or in a close personal relationship with you. One should have known you personally for a year or more. One should be someone with who you have worked in a paid or voluntary capacity. If you have experience practicing as a counsellor, one should be from your supervisor. |
|  |  |

**PLEASE RETURN COMPLETED FORM WITH A COPY OF YOUR COUNSELLING QUALIFICATION TO:**

**zfltrauma@gmail.com**