

For Official Use Only

Surname	
Course	



University  
of Glasgow

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**CERTIFICATE IN COUNSELLING SKILLS**

**APPLICATION FORM 2019/20**

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PLEASE INDICATE WHICH COURSE YOU ARE APPLYING FOR:

DAY ↑

EVENING ↑

**PERSONAL DETAILS**

**PLEASE COMPLETE THE FORM IN BLOCK CAPITALS**

**SURNAME:**.....

**FIRST NAME(S):**.....

**(Dr, Mr, Mrs, Miss, Ms)**.....

**ADDRESS for correspondence:**

.....  
.....

..... **Postal Code**.....

**Preferred Tel:** ..... **Alternative Tel:**.....

**Email Address** .....

**Date of Birth:**..... **Present Occupation:**.....

**Please describe any previous experience of using counselling skills (either vocationally or personally)**

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.....  
.....  
.....

**STATEMENT IN SUPPORT OF APPLICATION**

**Please use this page to outline:**

**Your interest in developing your counselling skills**

**Your experience to date of using counselling skills, in any helping relationships**

**Any current opportunities for using counselling skills**

**What arrangements you will have in place to support you embarking on what can be an emotionally demanding course**

**DECLARATION**

I certify that all of the information I have given on this form is correct and complete.

I agree to observe the regulations and requirement of the University as set out in the University Calendar.

**The University Calendar is available at:** <http://www.gla.ac.uk/services/senateoffice/calendar/>

I understand that this data will be included in the computer record used in the management of all aspects of my membership of the University. Some of the information requested on this form will be sent to the Higher Education Statistics Agency for use in the statistical analysis of Government Education Departments, Funding Councils and other authorised users of the data.

Signature of Applicant.....Date.....

**RETURN OF FORM: Please return the completed application form to:-**

Counselling Skills  
Short Courses  
University of Glasgow  
St. Andrew's Building  
11 Eldon Street  
G3 6NH

**Alternatively if you are returning the form electronically please send it to**  
[shortcourses@glasgow.ac.uk](mailto:shortcourses@glasgow.ac.uk)

**THIS SHEET WILL BE REMOVED FROM YOUR APPLICATION UPON RECEIPT AND WILL BE KEPT SEPARATELY**

<b>CRIMINAL CONVICTIONS</b>		
You must tick the 'Yes' box if you have had a criminal conviction. If you have not been convicted of a criminal offence, or you have a spent conviction, then please tick the 'No' box. (A criminal conviction does not include a motoring offence for which you have received a fine or three penalty points.)		
If you do not tick either the 'Yes' or the 'No' box we cannot process your form.		
<b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

<b>DISABILITY</b>			
Do you have a disability or medical condition that you wish to disclose?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the nature of your disability/medical condition?			
Dyslexia <input type="checkbox"/>	Autistic Spectrum Disorder <input type="checkbox"/>	Personal care support <input type="checkbox"/>	
An unseen disability <input type="checkbox"/>	Blind or partially sighted <input type="checkbox"/>	Mental health difficulties <input type="checkbox"/>	
Multiple disabilities <input type="checkbox"/>	Deaf or hearing impaired <input type="checkbox"/>	Wheelchair user/mobility difficulty <input type="checkbox"/>	
A disability not listed <input type="checkbox"/>			
You are encouraged to disclose a disability or medical condition if you have any support needs that might be helpful on the course. The first point of contact is Irene Vezza, Guidance Officer (0141-330-1823 <a href="mailto:Irene.Vezza@Glasgow.ac.uk">Irene.Vezza@Glasgow.ac.uk</a> ) or the Student Disability Service (0141 330 5497). All such enquiries will be treated confidentially and will not be passed on to third parties without your consent.			

<b>ETHNICITY</b>		
Ethnic Origin Monitoring: Please tick one of the boxes below, the description that best describes your ethnic origin. Only applicants whose permanent residence is in the UK are required to answer this question. The University has a statutory obligation to collect this information. The monitoring of ethnic origin and nationality is an essential part of the University's Race Equality Policy as required by the Race Relations (Amendment) Act 2000. Please contact the Department if you would like any further information on this.		
White – British <input type="checkbox"/>	Black – Caribbean <input type="checkbox"/>	Asian – Indian <input type="checkbox"/>
White – Irish <input type="checkbox"/>	Black – African <input type="checkbox"/>	Asian – Pakistani <input type="checkbox"/>
White – Scottish <input type="checkbox"/>	Black – Other <input type="checkbox"/>	Asian – Bangladeshi <input type="checkbox"/>
Other White Background <input type="checkbox"/>	Other Ethnic background <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish Traveller <input type="checkbox"/>		Other Asian <input type="checkbox"/>
	Mixed background <input type="checkbox"/>	