



Initial Assessment Sheet

LEWISHAM COUNSELLING & COUNSELLOR TRAINING ASSOCIATES

IMPORTANT: Only for use by applicants to the City & Guilds
Higher Professional Diploma in Counselling (HPD)

Please use a separate sheet of paper to answer the four questions below, using references where appropriate and ensuring you refer to these in the text.

Ensure that you complete your answers using 200-250 words for each question and complete the task exactly. Do not add any information you have not been asked for.

- 1 In your opinion what is the most important aspect of the Person-Centred Approach?**
- 2 Outline exactly what draws you to wanting to become a Person-Centred Practitioner rather than wanting to practice another model of Counselling?**
- 3 What do you consider Carl Roger's most important theoretical idea to be?**
- 4 List the References Sources you used in answering the above questions.**

Write your name on your Answer Sheet, attach it to your Application Form and return both forms to:

**Chris Brown,
LC&CTA,
Cherry Trees House,
13 Auckland Gardens,
London SE19 3DU**



Application Form

LEWISHAM COUNSELLING & COUNSELLOR TRAINING ASSOCIATES
20.07.07

This information is collected in order to ensure we give you the correct guidance and advice in relation to the course which is right for you. All the information you give is treated as confidential in line with the Data Protection Act 1998 and in line with our Disclosure of Information Policy (which is Lewisham College's Policy for the Disclosure of Information on Students).

PLEASE COMPLETE ALL SECTIONS OF THIS DOCUMENT USING BLOCK CAPITALS

1. PERSONAL DETAILS

Name:

Address & Post Code:

Telephone Nos - Home:

Day Time:

Mobile:

Email:

Date of Birth:

2. WHICH COURSE ARE YOU APPLYING FOR?

3. WHY DO YOU WANT TO TAKE THIS COURSE?

4. WHAT ARE YOUR LONG TERM CAREER GOALS?

5. PLEASE LIST YOUR HIGHEST QUALIFICATION:

<u>QUALIFICATION & AWARDING BODY</u>	<u>DATE AWARDED</u>	<u>INSTITUTION</u>	<u>GRADE ACHIEVED</u>
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6. PLEASE LIST YOUR WORK EXPERIENCE (last or current position held)

<u>ORGANISATION</u>	<u>POSITION HELD / JOB TITLE</u>	<u>DATE EMPLOYED: FROM / TO</u>
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7. WHAT IS YOUR FIRST LANGUAGE?

8. DO YOU HAVE ANY DISABILITIES (including mental health issues) so we may provide you with the additional help you may need?

9. DO YOU HAVE ANY LEARNING DIFFICULTIES?
So we may provide you with the additional help you may need

10. WHAT SKILLS or EXPERIENCE COULD YOU USE TO CONTRIBUTE TO LC&CTA and/or LEWISHAM COLLEGE ACTIVITIES or EVENTS?

11. WHERE DID YOU HEAR ABOUT LC&CTA COURSES?

13. REFERENCES (please give two – one can be a personal referee):

Name: _____ **Address:** _____
Post Code: _____ **Relationship to you:** _____

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Post Code: _____ **Relationship to you:** _____

PLEASE NOTE THAT IF YOU ARE APPLYING FOR THE HIGHER PROFESSIONAL DIPLOMA in COUNSELLING THIS APPLICATION FORM MUST BE ACCOMPANIED BY AN 'INITIAL ASSESSMENT FORM'; which is obtainable from either THE LEWISHAM WAY CAMPUS OFFICE or THE LEWISHAM COLLEGE CONTACT CENTRE.

PLEASE ALSO NOTE THAT THIS IS NOT AN ENROLEMENT FORM AND YOU MAY BE REQUIRED TO ATTEND AN INTERVIEW BEFORE YOU ARE ACCEPTED FOR THE COURSE OF YOUR CHOICE.

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DECLARATION:

I confirm that all the information above is true and correct.

Name: _____ **Signature:** _____ **Date:** _____

FOR LC&CTA USE ONLY:

REFERENCES RECEIVED DATE:

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