**Application form for Certificate in Couples Work 2021**

To apply for the Certificate in Couples Work **online** course please complete this form and return by email to Physis Scotland **before 19th March 2021**. Please ensure you have included all of the supporting documentation included on page 3.

**DATES FOR CERTIFICATE IN COUPLES WORK 2021**

|  |  |  |
| --- | --- | --- |
| **Module 1**  **April 2021** | **Module 2**  **May 2021** | **Module 3**  **June 2021** |
| 17th and 18Th April | 15th and 16th May | 12th and 13th June |

Please note, all Certificate in Couples Work participants are also required to complete 18 hours of supervised couple practice in order to complete the course. It is the participants responsibility to find suitable clients.

**1. PERSONAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Date of Birth: |  | Current Occupation: | |  |
| Address: |  | | | |
| Post Code: |  | | Telephone: |  |
| Email: |  | | Mobile: |  |
| Sponsoring Organisation if relevant: |  | | | |

**2. REFEREES**

Please provide contact details for two referees. The first should be your current (or most recent) clinical supervisor. The second may be from a different source but may not be a friend or family member.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Organisation: |  | Organisation: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| Relationship to you: |  | Relationship to you: |  |

**3. STATEMENT**

I wish to join the Certificate in Couples Work online course (2021).

I understand that completion of this form does not commit me to joining the Certificate in Couples Work course and that acceptance onto this course is by the decision of Physis Scotland following the provision of satisfactory references.

Upon the offer of a place on the Certificate in Couples Work course I will receive a Registration document, the completion of which is my commitment to the full training programme. In the event that I do not complete the programme, all fees are due and the fees paid (including the deposit) are non-refundable.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | | |
| Name:  (printed) |  | Date: |  |

|  |  |
| --- | --- |
| It is very useful for us to know how you heard about our training. Please could you indicate using the boxes and give any additional information below: | 🞎 Internet search (eg: Google)  🞎 Advertisement in ………………………  🞎 Word of Mouth  🞎 COSCA mailing  🞎 Physis Website  🞏 Other: ………………………….. |

**Before submitting your application please make sure you have included/attached:**

|  |  |
| --- | --- |
|  | **Please insert a tick ✓**  **below to indicate included** |
| A copy of your CV (a maximum of two pages containing details of your education, qualifications, work history, including any relevant voluntary work, and professional affiliations) |  |
| Copies of all relevant qualifications (for example, minimum of Counselling Diploma qualification) |  |
| Confirmation that you have completed 200 hours of supervised counselling practice or equivalent in other fields, including coaching or organisational work. |  |
| Copy of Professional Indemnity Insurance certificate |  |
| Confirmation of any professional memberships. For example: COSCA, BACP, UKCP, UKATA |  |
| A brief Personal Statement telling us why you are applying for this course at this stage in your career. |  |