**Application form for Certificate in Couples Work 2022**

To apply for the Certificate in Couples Work course please complete this form and return by **email** to Physis Scotland **before 18th March 2022**. Please ensure you have included all of the supporting documentation included on page 3.

**DATES FOR CERTIFICATE IN COUPLES WORK 2022**

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| --- | --- | --- |
| **Module 1** **April 2022** | **Module 2** **May 2022** | **Module 3****June 2022** |
| 2nd and 3rd April(Face-to-face)  | 7th and 8th May(Online) | 25th and 26th June(Online) |

The first training weekend will take place face-to-face in Physis Scotland’s premises at 22 Drumsheugh Gardens, Edinburgh EH3 7RN, whilst the second and third training weekends will take place online via the online platform Zoom.

Please note, all Certificate in Couples Work participants are required to complete 18 hours of supervised couple practice either during or after the course is completed in order to receive their Certificate. It is the participants responsibility to find suitable clients.

**1. PERSONAL DETAILS**

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  | Current Occupation: |  |
| Address: |  |
| Post Code: |  | Telephone: |  |
| Email: |  | Mobile: |  |

**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 course (2022).

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. |  |