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

To apply for the Certificate in Working with and Facilitating Groups **online** course please complete this form and return by **email** to Physis Scotland **before 12th March 2022**. Please ensure you have included all of the supporting documentation included on page 3.

**DATES FOR CERTIFICATE IN WORKING WITH AND FACILITATING GROUPS**

|  |  |  |
| --- | --- | --- |
| **Module 1**  **March 2022** | **Module 2**  **April/May** | **Module 3**  **May** |
| 26th and 27th  (Online) | 30th April/1st May  (Online) | 28th/29th May  (Online) |

The Certificate in Working with and Facilitating Groups course will take place using the online platform Zoom, allowing you to join us from the comfort of your own home, wherever you are located across the globe.

**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 Working with and Facilitating Groups online course (2022).

I understand that completion of this form does not commit me to joining the Certificate in Working with and Facilitating Groups 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 Working with and Facilitating Groups 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) |  |
| Copy of Professional Indemnity Insurance certificate (if applicable) |  |
| 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. |  |