**APPLICATION FORM FOR CERTIFICATE IN COUPLES WORK 2024**

To apply for the Certificate in Couples Work **blended** course please complete this form and return by **email** to Physis Scotland **before 18th March 2024**. Please ensure you have included all of the supporting documentation included on page 3.

**DATES FOR CERTIFICATE IN COUPLES WORK 2024**

|  |  |  |  |
| --- | --- | --- | --- |
| **Module 1**  **April 2024** | **Module 2**  **May 2024** | **Module 3**  **June 2024** | **Module 4 August 2024** |
| 12th/13th April  In-person | 24th/25th May  Online | 28th/29th June  Online | 23rd/24th August  In-person |

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: | |  |
| Pronouns: |  | | | |
| 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. Terms of Payment:**

1. The fee for self-funding individuals is £1152 (inc. VAT). A non-refundable deposit of £150 is required upon application.
2. Self-funding individuals must pay the deposit of £150 by 18/03/2024 and can either pay the balance of the full fee by 08/04/2024 or pay the balance in 3 instalments of £334 by 8th April, 1st June and 1st July.
3. The full fee is non-refundable irrespective of future attendance on the course.
4. For sponsoring organisations the fee is £1548 (inc. VAT). A deposit of £150 is payable by 18/03/2024 and the remaining balance of £1398 is due by 08/04/2024. An official Order Number or the contact details of the person authorising payment should be returned with this Registration.

**4. STATEMENT**

I wish to join the Certificate in Couples Work online course (2024).

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  Social Media  Physis Website  Other: ………………………….. |
| We would like to send you updates on upcoming events and courses at Physis Scotland. If you would not like to receive updates please indicate here: | ……………………………. |

**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. |  |