Application for Diploma Course 2019-2020

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| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone** |  |
| **Mobile** |  |
| **Email** |  |
| **Date of birth** |  |
|  |  |
|  | |
| **Further Education qualifications and relevant professional training**  *Please give brief details (date/college/course taken/qualification gained)* | |
| **Continuing Professional Development and training in supervision**  *Please give brief details of CPD you have undertaken recently and – whilst not an essential requirement – any training in supervision.* | |
| **Professional Registration details (e.g. BACP, UKCP, BPS, ASIIP, etc.)**  *Please give details of your professional organisation and date of membership, accreditation and/or registration* | |
| **Work experience relevant to this application (paid and voluntary)** | |
| **Current arrangements for receiving supervision**  *Please give details of frequency, type (one-to-one/peer/group), name of supervisor* | |
| **Supervising details**  *If you have previous experience of providing supervision please give details of frequency and type of sessions (one-to-one/peer/group)* | |
| **Previous experience of personal therapy or personal development work**  *We consider personal development to be a core aspect of supervision. Please provide a brief statement of your experience in relation to your personal development.* | |

**Personal statement**

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| 1.1: What has prompted you to consider undertaking this training at this point in your career?  1.2: What do you want from this course? |
| 2.1: What personal strengths do you believe will support you on the course, and as a supervisor?  2.2: What personal circumstances or personal characteristics could impede you on the course, and as a supervisor? |
| 3: Is there any further information it would be important for us to know in order to support you fully to complete the course? This could include special needs, current life challenges, recent or anticipated bereavement, physical illness or disability or emotional distress. |

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| **Reference**  *We require one signed reference (see form below) from a professional (e.g. your supervisor, manager, or professional colleague). This needs to be included with your application.* |

**Application administration**

If you have any queries, please contact Jenny Parker at [**cambridgesupervision3@gmail.com**](mailto:cambridgesupervision3@gmail.com)or phone: 07752 247007

Applications must be received by **31st August 2019.** We recommend submitting your application well before this date, as those satisfactorily meeting the entry criteria will be allocated places on a ‘first come, first served’ basis. (Late applications may be considered if places are still available.)

Please email the signed and completed application, including the reference form, to:

Jenny Parker at [**cambridgesupervision3@gmail.com**](mailto:cambridgesupervision3@gmail.com)

The full course fee is £2550. Please sign the undertakings below:

If accepted onto the course, I agree to pay a deposit of £150 immediately, and the balance of £2400 either in full by 1 September 2019 or by standing order in ten monthly instalments of £240 on the 10th of each month from September 2019 to June 2020.

Please put a ‘x’ next to your chosen payment method:

Pay in full

Pay in monthly instalments

I understand that I shall be liable for the whole fee if I leave the course before its end.

**Signature** (typed accepted)…………………………………………………………………**Date** ……………………………

*If an offer is made and then not taken up, there will be an administrative charge of £50.*

Payments and Standing orders to be made out to: Co-operative Bank

Sort code: 08-92-99 Account no: 69531992

Account name: Cambridge Supervision Training

I confirm that I have at least three years’ post-qualifying practitioner experience with a minimum of 450 hours of supervised counselling, or equivalent experience in a helping profession.

I understand that following successful completion of the training, to gain certification from

the Adlerian Society UK and Institute for Individual Psychology, I need to be a member of   
ASIIP (the annual Associate Membership fee is currently £40).

**Signature** (typed accepted) ……………………………………………………………….**Date** ………………………………

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# *Please complete, using extra sheets if necessary, and return it to the candidate to send in with their application.*

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| **Referee’s name** |  |
| **Post held/Occupation** |  |
| **Qualifications** |  |
| **Address** |  |
| **Email** |  |
| **Telephone** |  |
| **Mobile** |  |
|  |  |
| Candidate’s name |  |
| What is your professional relationship with the candidate? |  |
| Do you have any other relationship with the candidate? (please clarify) |  |
| Do you currently offer the candidate supervision of counselling? |  |
| Do you currently offer the candidate supervision of supervision? |  |
| Do you currently offer the candidate supervision of other professional activity? |  |

***Please give your opinion of the candidate as follows:***

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| **What specific strengths and capabilities do you believe will support the candidate on this supervision course, and as a supervisor?** |  |
| **What difficulties or personal characteristics could impede the candidate on the supervision course, and as a supervisor?** |  |
| **What further information do you believe it would be helpful for us to know?** |  |
|  |  |
| ***Signature of referee (typed accepted)*** |  |
| ***Date*** |  |