



APPLICATION FORM
MSc Counselling and Psychotherapy

PERSONAL DETAILS: (Please Print)

Name:

Address:

Eircode/Postcode:

Date of Birth:

Nationality:

Email Address:

Mobile Phone No:

EDUCATION AND TRAINING:

Please list all of your principal courses whether relevant to counselling or not:

Dates	Institution	Course Title	Qualification

CAREER / WORK HISTORY:

List all working experiences, including voluntary work, whether directly relevant to counselling or not. Please start with your current or most recent occupation:

Dates	Organisation / Employer	Nature of Work

PERSONAL STATEMENT:

1. List any childhood/adolescent experiences which you consider particularly significant in your life:

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2. What have you found particularly difficult in your life to date that you would be willing to talk about at an interview?

3. List any other life experiences that you consider relevant to this application, including any experience of personal therapy:

4. What personal qualities do you possess that you feel would make you an effective counsellor/psychotherapist?

5. Please detail your reasons/motivation for considering a professional training programme in counselling and psychotherapy:

HEALTH:

Please indicate your current state of health:

Please list any major illnesses/hospitalisations (past and present):

Please list medications (if any) that are prescribed for you currently:

REFERENCES:

Please enclose two written references to support your application. References from family members or friends will not be accepted. Both references should be provided on headed paper, be signed by the referee and be included with this application form. Applications cannot be processed until written references are received.

Please give the names, positions held, addresses and phone numbers of the two referees who are providing your references:

<u>First Referee</u>

<u>Second Referee</u>

Applicant's Signature: _____ **Date:** _____

NOTE: Application Fee of €150 to accompany application. (Cheques etc. payable to DCTC Ltd. For bank transfer please email info@dctc.ie for details)

Please send completed application, with written references and fee to:

The Administrator
Dublin Counselling and Therapy Centre
41 Upper Gardiner Street, Dublin D01 C788