

Glasgow Cognitive Therapy Centre

Student Application Form

Diploma in Cognitive Behavioural Therapy (DipCBT)

1. Your contact details

Full Name:

Title:

Address:

Post Code:

Date of Birth:

Phone Numbers:

Mobile

Home

Work

E:mail

2. Qualifications: Please tell us about your qualifications since leaving school

Date	Training Provider	Qualification	Grade

3. Please tell us a bit more about yourself

- (a) What is your occupation?**

- (b) What is your experience of using counselling skills in a helping relationship?**

- (c) Why are you wanting to undertake this course?**

- (d) What kind of person do you think you are?**

- (e) What qualities would you bring to this course?**

- (f) Tell us about a time when you have complained about something important to you**

- (g) Please tell us about a time when you have been faced with difficult situation you have been in and how you handled it**

- (h) This course can be demanding of your time and energy. What kind of support do you have in place to manage this along with your other commitments?**

- (i) How would you describe your best relationship?**

- (j) How would you describe your worst relationship?**

(k) How would you describe yourself as a group member?

(l) Please use this space to provide any other information that you think is relevant to your application

4. Referees

Please provide the contact details for two referees who are able to describe your character and ability to complete this course. References will be contacted before you are invited for an interview.

Name:

Address:

Telephone: (H) (M)

E-mail:

Relationship/Job Title:

Name:

Address:

Telephone: (H) (M)

E-mail:

Relationship/Job title:

5. Emergency Contact Details

Name:

Address:

Telephone: (H) (M)

Relationship:

6. Payment Details

Please provide a non-returnable registration fee of £300 which will be deducted from the cost of the course fee. Payment can be made by the following methods (*Please confirm preferred option*):

Cheque - Please make your cheque payable to *Glasgow Cognitive Therapy Centre*

Direct credit - Please send funds to the following bank co-ordinates:

- Account Name: Glasgow Cognitive Therapy Centre
- Sort Code: 83-26 43
- Account Number: 00287326
- Reference: **Please use your name as a reference**

Invoice - If you require an invoice please provide the following details:

- Name of Company:
- Named Contact:
- Address:
- Post Code: Telephone: E-mail:

7. Disability and medical conditions

Do you have a disability or medical condition? Yes please provide details below No

8. Disclosure

It is important that you complete this section in full. Please note that disclosure of any information does not automatically exclude you from being a student at Glasgow Cognitive Therapy Centre. However, failure to disclose such information may result in a refusal or termination of your student status with no refund of tuition fees and removal of any awarded certification.

1. Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? Yes No
Have you ever been refused/expelled from membership of any professional body/register on the grounds of professional misconduct? Yes No
2. Have you ever been the subject of any other disciplinary action, investigation, proceeding or enquiry?
Yes No
3. Are you currently or likely to be the subject of any disciplinary action, investigation, proceeding or enquiry?
Yes No
4. Has your fitness to practice been impaired for any reason including health or personal circumstances?
Yes No
5. Are there any other factors which could call into question your suitability as either a student of Glasgow Cognitive Therapy Centre or a member of a professional counselling or therapy organisation?
Yes No

If you have ticked 'Yes' to any of the above please provide a full and comprehensive signed statement including details of the circumstances surrounding the disclosure; any mitigating factors; what steps you took to turn your life around; and what you have learnt from your experiences.

If you have any convictions please list your unspent conviction(s). Under the Rehabilitation of Offenders Act 1974, certain convictions will become spent after a certain amount of time. If you have been convicted of a criminal offence you must declare your unspent convictions but do not need to declare ones that are spent. For guidance on whether or not a conviction is spent please speak to the Citizens Advice Bureau or the relevant Government department. All material information relating to your application must be disclosed. It is your responsibility to ensure that you declare all relevant information.

9. Declaration and signature

The information that you supply in your application is confidential. The data will be used in all aspects of the selection procedure, equal opportunities monitoring purposes and training with The Glasgow Cognitive Therapy Centre. If your application is successful it will also form the basis of your personal file and may be held on computer and on manual records. If you are not successful, your details will be kept for six months and will then be destroyed. Your personal data will be shared with the course awarding body COSCA.

I certify that my answers are true and complete to the best of my knowledge. I also understand that false or misleading information in my application may result in my being released from the course.

Signature:

Date:

10. Returning your application

By post to: The Glasgow Cognitive Therapy Centre, Rothesay House, 134 Douglas Street, Glasgow, G2 4HF.

E-mail: admin@thegctc.com

For office use

Deposit received date:

Place confirmed: Yes/No

Phone/E-Mail/Letter/In person

Payment agreed: Work Invoice/Personal/Other

Glasgow Cognitive Therapy Centre

DIVERSITY AND EQUALITY FORM

Glasgow Cognitive Therapy Centre is committed to achieving equal opportunities in employment. To help us monitor the effectiveness of our equal opportunities policy, you are asked to complete the following questions. Completing this section of the application form is voluntary and will not in any way affect your application. Please provide the following personal details by placing an X in the appropriate box.

This section of the application form will be detached from your application form on receipt and used for monitoring purposes only.

1. ETHNIC ORIGIN	
White	
Asian or Asian British	
Black or Black British	
Chinese or other ethnic group	
Mixed	
2. SEX	
Male	
Female	
3. MARITAL STATUS	
Married	
Not Married	
4. DISABILITY	
Disabled (Registered)	
Disabled (Not registered)	
Not Disabled	
5. AGE	
Years	

NOTES

1. **Ethnic origin:** Whilst we appreciate that some people, including those of mixed race, may not be happy with the classification, we have used those currently recommended by the Commission for Equality and Human Rights (CEHR).
2. **Sex:** Recommended by the CEHR for monitoring under the Sex Discrimination Acts.
3. **Marital Status:** Recommended by the CEHR for monitoring under the Sex Discrimination Acts.
4. **Disability:** To monitor our compliance with the Disabled Persons Act.
5. **Age:** We are committed not to discriminate on the grounds of age. We need to ensure this commitment is monitored.

