

Application Form

Name				
Address				
Contact Telephone Number				
Email Address				
Do you give us permission to contact you by telephone, email & Post?				
		Qualifications		
		ide an overview of your qualifications		
Date	Qualification	Institution	Result	
	Please pro	Experience by ide an overview of your experi	ence	
Date	Role	Organisation	Duties	
	Pe	rsonal Statement	1	
Please provic		out how you are suitable for the applying.	course & your reasons for	

Reference

Please provide to references to support your application. References will only be required once an unconditional has been offered

Name	Relationship	Email Address
Name	Relationship	Email Address

Do you have a disability or a medical condition?

Please tick appropriately, If yes, please provide details below.

Yes 🗆 No 🗆

Disclosure

Please tick appropriately

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 Enlightened Psychology & Counselling. 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 🗆

- 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 □
- Has your fitness to practice been impaired for any reason including health or personal circumstances?
 Yes □ No □
- Are there any other factors which could call into question your suitability as either a student of Enlightened Psychology & Counselling 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.

Process of Personal Data Consent Form

Once Agreed, Please Sign

I accept that Enlightened Psychology & Counselling (the Company) holds personal data about me and I hereby consent to the processing by the Company or any associated company of my personal data for any purpose related to the conduct of the Company's business, including, but not limited to, student records, payroll, human resources and business continuity planning purposes.

I also explicitly consent to the Company or any associated company processing any sensitive personal data relating to me, for example sickness absence records, medical reports, particular health needs, details of criminal convictions and equal opportunities monitoring data, as necessary for the performance of my contract of studies, employment or my continuing studies or employment or its termination or the conduct of the Company's business.

Finally, I consent to the Company providing my personal data to a third party where this is necessary for the performance of my contract of studies or employment or my continuing period of study, employment or its termination or the conduct of the Company's business.

Name:

Signature:

Date:

Please complete & return application to : courseregistration@enlightenedpsyc.co.uk