

Please type or complete this form in BLOCK CAPITALS using black ink only

Please attach one passport sized photograph. Put your name and the name of the programme enrolling for on the back

# application form

## PERSONAL DETAILS

Title \_\_\_\_\_ First Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Postcode \_\_\_\_\_

Day Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

## NATIONALITY

Please state your nationality or, if a holder of dual nationality, please indicate your country of birth:  
\_\_\_\_\_

1. Have you been living in the UK for the last 3 years? Yes  No

2. Have you been a student in this time? Yes  No

3. If NO, to question 1 please give your date of entry to the UK: \_\_\_\_\_

4. If NO, to question 1 please list the dates and names of the countries you have lived in:  
\_\_\_\_\_

## PROGRAMME APPLIED FOR

Please tick the programme for which you are applying and your venue preference: Year

Post-graduate Diploma/MA in Relationship Therapy	<input type="checkbox"/>	<input type="checkbox"/>
University Advanced Diploma: Introduction to Couple Counselling	<input type="checkbox"/>	<input type="checkbox"/>
Post-graduate Diploma in Psychosexual Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Relate Certificate in Clinical Supervision	<input type="checkbox"/>	<input type="checkbox"/>
MSc in Relationship Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Working with Couples: Introduction to Theory and Practice	<input type="checkbox"/>	<input type="checkbox"/>

Doncaster  London  Other  Specify \_\_\_\_\_

Have you previously studied at Doncaster College, Yes  , or the University of Hull, Yes

If yes, please give your registration number and year completed:  
\_\_\_\_\_

Preferred start date for training - tick box Sept/Oct  Jan/Feb  May/June

Please note that not all courses are offered at all venues throughout the year.

## PROPOSED CLINICAL PLACEMENT

Please indicate where your clinical placement will take place:

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Has your placement been confirmed? Yes  No

**QUALIFICATIONS**

Include all academic and all counselling/therapeutic qualifications in this section

University, College, other institution or degree awarding body	Name of programme or title of qualification	Type/Level	Date of Completion	Grade

Send in photocopies of your certificates with this form

**CURRENT EMPLOYMENT**

Name of Employer	Nature of Job	From	To	Full/Part-time

**COUNSELLING/COMMUNITY/VOLUNTARY WORK**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Existing connections with the Relate Centres

**ADDITIONAL INFORMATION**

Please provide any information you would like to add in support of your application, Continue on a separate sheet if necessary,

## MARKET RESEARCH

How did you hear about this course?

## REFERENCES

Please supply the names and addresses of two people willing to give a reference for you. The referees must not be relatives or in a close personal relationship with you. One should have known you personally for a year or more. One should be someone with whom you have worked in a paid or voluntary capacity. If you have experience practising in a clinical setting, one reference must be from your current supervisor. **PLEASE SEND A REFERENCE REQUEST FORM TO EACH REFEREE.**

NAME

ADDRESS

POSTCODE

TELEPHONE NUMBER

NAME

ADDRESS

POSTCODE

TELEPHONE NUMBER

## LEARNING SUPPORT

Do you have any learning difficulties that you feel may affect your ability to study? This could be a physical disability, a health problems, or difficulty with English or maths (e.g. dyslexia)

Yes  No

If yes, please give details

## CRIMINAL CONVICTIONS - All applicants must complete this section

Due to the nature of our programmes all applicants will be required to complete a Disclosure Application Form at the enhanced level for the Criminal Records Bureau before embarking on our programmes. Please indicate whether you are willing to complete a Disclosure Application:

Yes  No

I confirm that the information I have given is true and accurate and that I have given is true and accurate and that I have not withheld any information relevant to my application. I understand that the information I have provided on this form and in accompanying papers will be made available to those staff of the Relate Institute concerned with student matters. I understand that any offer of a place as a student that will be based on the information given on this form and that if I am found to have given false or incomplete information, any such offer will be withdrawn.

## APPLICANT'S OWN SIGNATURE

Date:

The Relate Institute reserves the right to modify and develop its advertised courses (include the location of delivery) and to cancel a proposed programme if it reasonably considers this to be necessary. If the programme to which the student has been admitted is cancelled, the student may withdraw from the Relate Institute without any liability for fees, or transfer to another programme on which a place is available and for which the student is suitably qualified.

Students must supply, and promptly notify any change(s) to, the data required by the Relate Institute for official recording and external reporting purposes, which include the processing of such data for any purposes connected with their studies or for health and safety reasons or for any other legitimate reason. Information held regarding students will only be released under the terms of the Relate Institute's registration under the Data Protection Act. These terms are consistent with the Relate Institute's commitment to prevent fraud and the abuse of public funds.

The Relate Institute will share the result of your selection with your Placement Centre. Please put a cross in this box if you do not want this to happen.

**FURTHER DETAILS - All applicants MUST complete this page IN FULL**

**ETHNIC ORIGIN**

The Relate Institute is required by HESA (Higher Educational Statistical Agency) to collect information for statistical purposes. Information on ethnicity will not be used in reaching a decision on the outcome of your application, nor will HESA publish any personal information about you. Please select the code below that best describes you:

ETHNIC ORIGIN (tick one only)

- |                                  |                                      |                                  |
|----------------------------------|--------------------------------------|----------------------------------|
| 11 White - British               | 31 Asian/Asian British - Indian      | 42 Mixed - White & Black African |
| 12 White - Irish                 | 32 Asian/Asian British - Pakistani   | 43 Mixed - White & Asian         |
| 19 Other White background        | 33 Asian/Asian British - Bangladeshi | 49 Other Mixed background        |
| 21 Black/Black British Caribbean | 34 Chinese                           | 80 Other Ethnic background       |
| 22 Black/Black British African   | 39 Other Asian background            | 90 Not known                     |
| 29 Other Black background        | 41 Mixed White & Black Caribbean     | 98 Information refused           |

**APPLICANT'S NAME**

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**APPLICANT'S OWN SIGNATURE**

Date: \_\_\_\_\_

Send your completed application form to:

Applications at Relate Institute  
Montagu  
University Centre  
High Melton  
Doncaster  
DN5 7SZ

**This application form is also available in a large print format.  
Please contact us on 01302 553915 for more details**

**UNIVERSITY CENTRE  
DONCASTER**

A JOINT DEVELOPMENT BETWEEN DONCASTER COLLEGE AND THE UNIVERSITY OF HULL

