

Working with Couples

A course open to people who work with couples in their professional and vocational settings

March – June 2012

Please type or complete this form in **BLOCK CAPITALS**

PERSONAL DETAILS		
Title	First Names	
Last Name		
Home Address		
Postcode		
Email		
Day Telephone Number	Evening Telephone Number	
Mobile Number		
Date of Birth		
NATIONALITY		
Please state your nationality or, if a holder of a dual nationality, please indicate your country of birth		
1. Have you been living in the UK for the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you been a student in this time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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:		
ETHNIC ORIGIN		
Tick one only		
White	Mixed/Multiple Ethnic Group	Asian/Asian British
31 English/Welsh/Scottish/Northern Irish/British	35 White and Black Caribbean	39 Indian
32 Irish	36 White and Black African	40 Pakistani
33 Gypsy or Irish Traveller	37 White and Asian	41 Bangladeshi
34 Any Other White Background	38 Any Other Mixed/Multiple Ethnic Background	42 Chinese
Black/African/Caribbean/Black British	Other Ethnic Group	43 Any other Asian Background
44 African	47 Arab	
45 Caribbean	98 Any Other Ethnic Group	
46 Any Other Black/African/Caribbean Background	99 Not Provided	

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 problem or difficulty with English or Maths (e.g. dyslexia)

Yes No

If yes, please give details

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

CURRENT EMPLOYMENT

Name of Employer	Nature of Job

MARKET RESEARCH

How did you hear about this course?

I confirm that the information 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 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 (including 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.

Send your completed application form to: Rosie Fermin, Training Administrator & Marketing Coordinator, Relate Central Office, Premier House, Carolina Court, Lakeside, Doncaster, DN4 5RA, Tel: 01302 347850, Email: rosie.fermin@relate.org.uk