



# London Foundation Certificate in Counselling and Psychotherapy

## APPLICATION FORM

Please complete clearly, in black ink or on a PC.

### Section 1- Personal/Contact Details

First name (s): .....

Family name: .....

Gender (M/F): .....

Date of birth: .....

Country of birth: .....

Nationality: .....

Address: .....

..... Postcode: .....

Principle telephone number: .....

Alternate telephone number: .....

Email address: .....

Website, if appropriate: .....





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### Section 3 – Psychotherapy, counselling and other work experience

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Current Occupation .....

Have you had any previous experience as a counsellor or psychotherapist? YES/NO

Details of any psychotherapy or counselling work experience: .....

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Are you currently a member of any governing body or counselling organisation? YES/NO

If YES, please give details (e.g. name of organisation and current status)

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Are you currently in personal therapy/counselling? YES/NO

Have you ever been in personal therapy/counselling? YES/NO

If YES to either of the above, please state how many hours you have had: .....

Other relevant work experience (please insert an additional page if you need more space):

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## Section 5 - References

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In line with government guidelines, we need to ask whether you have a criminal record: YES/NO

If YES, please provide details: .....

Please provide the name and email address of one professional referee, whom we can contact:

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## Section 6 - Declaration

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I confirm that the information on this form is correct, to the best of my knowledge.

Signature: ..... Date:.....

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Please keep a copy for your own records, and submit this application, **together with a current CV**, to the Course Director, Jean Miller, UKCP reg., either by scanning and emailing to:

[jeanmuswell@gmail.com](mailto:jeanmuswell@gmail.com)

or by posting to:

Jean Miller, 40 Grosvenor Road, Muswell Hill, London N10 2DS.