­

# Post-Qualifying Certificate in Relational Counselling - application form

## Equality and Diversity Statement

Diversity and Inclusion is a priority at Relate. We are committed to building a diverse and representative organisation and strongly encourage training applications from under-represented groups, such as people from Black, Asian, Ethnic communities/backgrounds, LGBTQ+ people and people with disabilities. As an equal opportunities employer, we are dedicated to building a diverse and inclusive organisation that supports the needs of all. Each training application is carefully considered on individual merit, across a range of criteria. Our primary concern is recruiting students who demonstrate the potential to support clients through the complex and challenging issues they experience.

**How to complete this form**

Please type this application in Microsoft Word and then follow the ‘Next steps…’ instructions at the end of this form.

Failure to provide all the documents requested may result in your place being cancelled. Please ensure that all information provided is complete and accurate.

This application consists of **three** parts. All parts **must** be completed:

**Part one:** Personal information – to be completed by the student

Relate centre reference – to be completed by the Relate Centre.

**Part two:** Placement agreement – to be completed by the student and the Relate Centre.

**Part three:** Payment schedule **-** to be completed by the student and the Relate Centre.

Declaration – to be completed by the student.

# Part one – Personal Information

|  |
| --- |
| **Data Protection Statement & GDPR Agreement** |
| The personal information collected in this form is necessary for Relate to collect and process, in order for you to be considered for this training course. If successful, your personal information will be processed during your ongoing training with us. We will use your personal information and share this with:* Relate Centres: your information will be shared with your Centre Manager
* Relate’s Finance Department to process course fee payments
* Relate’s Clinical team: to assess your eligibility for this training course
* CPCAB or COSRT or relevant accrediting bodies to register you as a student
* Relate Practitioner Directory for student registration

Relate will process and retain your personal information in line with current UK data protection laws. Should you be successful in your application, your personal information will subsequently be used for the administration of your training, and in relation to any legal claim made regarding our training practices.For more information on how we use the information you have provided, please see our privacy notice linked here <https://www.relate.org.uk/privacy>.By completing and signing this form, you agree to Relate processing your personal information as explained in this statement.**Please print full name:** Type here**Date:** Type date or click arrow**Signature** (electronic is acceptable)**:** Type here |

|  |
| --- |
| **Course details** - can be found on the course webpage where you downloaded this form |
| **Course code:** Type here | **Start date:** Type date or click arrow |

|  |
| --- |
| **Agreed clinical placement** - you **must** have a placement agreed before you apply |
| **Relate Centre Managers’ contact details**:Name: Type hereEmail: Type herePhone: Type here | **Relate Centre name & address:**Type here |

|  |
| --- |
| **Personal details** |
| Title: Type here |
| First name(s): Type here(As shown on official documents e.g. passport)What name would you like on your certificate (if different): Type hereWhat name would you prefer to be known by (if different): Type here |
| Middle name (if you would like this to appear on your certificate):  |
| Last name: Type herePrevious last names(s): Type here |
| Home address & postcode: Type here |
| Email address: Type here |
| Phone number(s): Type here |
| Date of birth: Type date or click arrow |
| Gender *(please click the relevant box)*:[ ]  Male [ ]  Female[ ]  Non-binary [ ]  Prefer not to say[ ]  Prefer to self-describe: Type here |

|  |
| --- |
| **Student Registration details** |
| Please complete the following information. This information is required to register you with CPCAB. The following personal information will be shared with them:* Name (we will use the information given above)
* Date of birth (we will use the information given above)
* Gender (we will use the information given above)
* Ethnicity (see below)
* If you have a disability (see below)

To ensure we have this information, please complete the ‘Personal details’ section above **and** answer the questions below.1. What is your ethnicity?

Choose an item.If your ethnicity is not on the list please type it below if you wishType here1. Do you have a disability?

[ ]  Yes[ ]  No1. Do you have any special requirements we need to know about? Please include any 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[ ]  NoIf yes, please give details below:Type here |

|  |
| --- |
| **Criminal convictions –** all applicants **must** complete this section  |
| Due to the nature of our programmes, all applicants are required to complete a Disclosure Barring Service (DBS) Check.Are you willing to complete a Disclosure Application?[ ]  Yes[ ]  NoDo you have any convictions? [ ]  Yes[ ]  NoDo you have any pending convictions?[ ]  Yes[ ]  NoIf you have answered yes to any of these questions, we will contact you for further details.**If you have answered no to any of these questions and it later transpires or upon receiving your DBS, that this was incorrect, then we may have to suspend your position on the training course and your placement within Relate, and as a result, you will not be entitled to a refund of the course fees.**Your placement centre must provide a DBS before you begin seeing clients. This must be uploaded on the Relate Practitioner Directory for registration. This **must happen** before the beginning of block two. |

Qualifications & Employment

Please provide details of your relevant educational history – copies of **all** certificates will need to be provided with this application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Awarding body**(training provider) | **Accrediting body**(e.g. BACP, COSRT, IFT) | **Title and level of qualification / programme** | **Date completed** | **Grade** | **Certificate attached**(Yes/No)  |
| Type here | Type here | Type here | Type date or click arrow | Type here | Choose an item. |
| Type here | Type here | Type here | Type date or click arrow | Type here | Choose an item. |
| Type here | Type here | Type here | Type date or click arrow | Type here | Choose an item. |
| Type here | Type here | Type here | Type date or click arrow | Type here | Choose an item. |

|  |
| --- |
| **Professional membership** (we have provided space for one membership, if you have more please use the Notes/Further information space at the end of this form) |
| Professional body(i.e. BACP/UKCP/COSRT)  | Type here |
| Professional body membership number | Type here |
| Level of professional body membership | Type here |
| Date of last renewal of membership | Type here |

**Employment history**

Please provide brief details of your current or most recent employment, and send an up-to-date comprehensive CV with this application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of employer** | **Job title** | **From** | **To** |
| Type here | Type here | Type date or click arrow | Type date or click arrow |
| Type here | Type here | Type date or click arrow | Type date or click arrow |
| Type here | Type here | Type date or click arrow | Type date or click arrow |

|  |
| --- |
| **Evidence of clinical hours**  |
| To be eligible for this course you will need to provide **evidence of completing at least 100 hours** of supervised practice, can you provide this? [ ]  Yes[ ]  No**If yes, please can you provide details of your clinical practice below:** *(please use the Notes section at the end of the form if you need more space)*

|  |  |  |
| --- | --- | --- |
| **Name of organisation(s) where your clinical placement took place****(list all)** | **Total hours of supervised clinical practice and date achieved**  | **Name of supervisor or Placement manager**  |
| Type here | Type here | Type here |
| Type here | Type here | Type here |
| Type here | Type here | Type here |
| Type here | Type here | Type here |
| Type here | Type here | Type here |

If you cannot provide this information, you may not be eligible for this course. Please give details below.Type here |

|  |
| --- |
| **Complaints & refusals** |
| Are you currently the subject of a complaint to Relate or any other regularity professional body?  | Yes [ ] No [ ]  |
| Have you ever been the subject of a complaint to Relate or any other regularity professional body where the complaint against you was upheld?  | Yes [ ] No [ ]  |
| Have you ever been refused recognition, certification, or accreditation by any relevant professional body?  | Yes [ ] No [ ]  |
| *If you have answered yes to any of the above questions, please give details below.*Type here |

|  |
| --- |
| **Supporting statement** |
| **Please provide a supporting statement explaining why you are interested in applying for this course** (no longer than 500 words).Type here |
| Languages spoken including British Sign Language:Type here |

|  |
| --- |
| **Relate Centre reference** – **Relate Centre to complete** |
| Your Relate Centre must act as your referee. They must have interviewed you and assessed your suitability for the course, which includes making sure you meet all the course eligibility criteria. See website for further details. **Important -** Your place on this course may be refused if a centre does not complete this section. **This must be completed by the Centre Manager and your supervisor.** |
| Relate Centre name: Type hereCentre Manager’s name: Type hereEmail: Type hereContact number: Type hereI Type herecan confirm that I have interviewed the student completing this application and that they meet all the course eligibility criteria. Signature: Type hereDate: Type date or click arrowSupervisor’s name: Type hereEmail: Type hereContact number: Type here |

Relate reserves the right to modify and develop its courses (including the location of delivery) and to reschedule the proposed programme if it reasonably considered to be necessary.

If the course (which you are enrolled on) is rescheduled, you are entitled to transfer to another available course (subject to meeting the entry criteria).

You must supply, and promptly notify us of any change(s) to data required for official recording and external reporting purposes. Information held will only be released under the terms of the General Data Protection Regulation.

# Part two - Relate training placement centre agreement

(Please read this in full before signing at the end in the box provided).

As a Relate counselling student, you have a responsibility to your academic commitments, your clients, and your placement organisation. As such, it is vital that we have a three-way agreement that involves you (the student counsellor), the Relate centre, and your training provider (Relate Training). This ensures that you receive the best learning experience possible.

Your Tutors, Centre Manager, and Supervisor will do all they can to support your development. To help them in these roles you should routinely share with your tutors any documentation they request relating to your placement and supervision. You should also share with your supervisor and/or centre manager a copy of your current student handbook, assignment submission deadlines, reading lists and any other documents they request to support your learning, counselling development and supervision.

**The Relate Centre needs to**

* Provide an interview with the student to assess suitability and that all course criteria is met.
* Ensure all satisfactory checks have been made before work with clients begins (including a DBS).
* Offer a full centre induction that includes a first meeting with the appointed supervisor. The student must attend this.
* Ensure all the relevant centre information and centre policies and procedures are provided.
* Appoint a suitably qualified supervisor (Relationship Counsellor and Supervisor) who can support the students learning and clinical practice development.
* Be available to check student’s progression and sign any necessary documentation for their work/portfolios.

**Clinical Hours and supervision**

* To successfully complete this course in the suggested timeframe, you will need to **complete a minimum of 50 hours** of counselling. This must consist of **at least 40 hours with couples**, this includes individual sessions with each partner as well as both partners in the room. It may be beneficial that up to 3 sessions of observations take place before the start of your placement (see observations guidelines). These observations are not included in the clinical practice hours.
* **Your Centre is responsible** for ensuring the required **placement hours are made available** (subject to available clients and you passing all the necessary course assessments outlined in the handbook).
* **You are responsible** for ensuring that you **make yourself available** to complete these hours and attend supervision.
* You **must attend** a minimum **1.5 hours** of individual **supervision a month**.
* It is recommended that you make contact with your supervisor as soon as possible. This meeting/contact will begin the supervisory/student relationship. The next supervision should be arranged before you begin to take part in observations.
* Attendance at group supervision/practice groups within the centre will be in line with centre policy.
* You **cannot** complete this course without evidence of your clinical practice.

**Clinical practice development**

* A ‘Fitness for Practice’ evaluation form (PPE) is completed by the course tutor and the student. This must be shared this with your supervisor and Centre Manager who will confirm that the placement can start. Your placement cannot begin until this has been completed.
* If your placement provider, tutor, or supervisor has concerns about your clinical practice, they will work with you to try to resolve these concerns.
* It is your responsibility to share relevant documents and assignment results with your supervisor and Centre Manager – this will enable them to support and identify any additional learning and support you may require.
* If you are concerned about your placement provider, you would be expected to resolve this (in the first instance) with your placement supervisor and/or your Centre Manager. The complaints process within the centre should be made available in the induction process.
* If this cannot be resolved, you must inform the Relate Training team.

**Mandatory continuous professional development (CPD)**

* As a student who joins Relate, you are required to complete our online courses; you will be automatically enrolled onto these courses via Learn Relate. These courses **must be completed before** any work with clients take place.

**Completion of Placement**

* The placement lasts for the duration of the course and ends on successful completion of all the course requirements, including delivering up to a **minimum of 50** hours of counselling.
* Any continued work within the Relate Centre must be by a separate agreement.
* It is the student’s responsibility to ensure their work is delivered on time.
* Once the placement is complete, the student can leave the centre.

**Withdrawal of placement provision**

* If you, the Relate Centre, your tutor or your supervisor is concerned about your development, contact must be made with the Head of Training immediately.
* Relate reserves the right to withdraw your training and/or placement (if necessary). However, this will be a decision made in partnership with the Relate centre and Relate Head of Training.
* You will be informed about this decision and receive a full explanation of the reasons.
* If your training or placement is withdrawn, then you may not be entitled to any refund of course costs.

If you are concerned about your training or placement provider, you need to follow the complaints process in the course handbook.

**Agreement**

This application and placement agreement **must be signed by** the **Centre Manager** and the **student** before the application can be processed.

|  |  |  |
| --- | --- | --- |
| **Student name** | **Signature** | **Date** |
| Type here | Type here | Type date or click arrow |

|  |  |  |
| --- | --- | --- |
| **Relate Centre Manager name** | **Centre Manager signature** | **Date** |
| Type here | Type here | Type date or click arrow |

# Part three - Payment schedule

**Payment**

The cost for this course is £2,500.

Once your place on our course has been secured, you will need to pay. We have made this as easy as possible. We offer **two** options, either to pay the full amount in one go or by paying a deposit and a further five instalments.

All fees must be paid either in full or as agreed. Failure to pay will result in your exclusion from the course.

**Option 1: Full payment** – fee must be paid in full prior to the start of your course by bank transfer.

**Option 2: Instalments** – an initial deposit will be taken for £750, the remaining fee must be paid as follows by Direct Debit (due dates will be sent once your place on the course is confirmed):

1. £350 fee payable no later than the first day of block 2
2. £350 fee payable no later than the first day of block 3
3. £350 fee payable no later than the first day of block 4
4. £350 fee payable no later than the first day of block 5
5. £350 fee payable no later than the first day of block 6

The **deposit must be paid via bank transfer**, the remaining instalments will be taken by direct debit.

|  |
| --- |
| **Please indicate your preferred choice of payment**:[ ]  I will be paying in full\* [ ]  I will be paying by direct debit instalments [ ]  My Centre will be paying in full\*\* (only tick this if this has been agreed with the centre).[ ]  My Centre will be contributing £ Type here \*\* towards the course fee, and I will pay the balance of £ Type here \* in full (only tick this if this has been agreed with the centre)\*All debit/card payments must be made by calling our finance department (contact details will be provided once your application is complete).**\*\* Please note** - If your centre is paying, they must pay in full. The Training Team will send the centre an invoice.  |

**Instalment Payments - Direct Debit Form**

If you are paying by instalments then a direct debt must be set up. **Please sign and return a hard copy of the Direct Debit mandate** (please download this from the course webpage) to:

**Relate Training Department**

**Finance Manager**

**76 St Giles Street**

**Northampton**

**NN1 1JW**

**Failure to pay will result in your exclusion from the course.**

**Withdrawal Fees - Terms & Conditions**

Where a student wishes to withdraw from a course, this should be discussed with the tutor in the first instance. We will offer guidance and support wherever possible to assist the student in completion of the course.

We wish to make you aware that should you withdraw, the following refund terms and conditions will apply:

You may apply for a refund of fees paid if you have exceptional circumstances for withdrawing.

If successful, the refund will be as follows:

* If you withdraw prior to the course start date, you are liable to pay the application processing fee of £75.
* If you withdraw within two weeks of starting the first block, you are liable to pay 25% of the total course fees, minus the non-refundable costs.
* If you withdraw within four months of starting the first block, you are liable to pay 50% of the total course fees, minus the non-refundable costs.
* If you withdraw any time after five months of starting the first block, you are liable to pay 100% of the total course fees.

**Deferral fees- Terms and Conditions**

Where a student wishes to defer to an alternate cohort any deposit payment made will be held and transferred to that course.

**Non-refundable costs:**

* Application process fee: £75
* CPCAB registration fee.

If your Centre is paying on your behalf, your Centre shall be liable as stated above.

|  |  |  |
| --- | --- | --- |
| **Student name** | **Signature** | **Date** |
| Type here | Type here | Type date or click arrow |

|  |  |  |
| --- | --- | --- |
| **Relate Centre Manager name** | **Centre Manager signature** | **Date** |
| Type here | Type here | Type date or click arrow |

# Application and Payment - Terms & Conditions

**Please read this carefully. These terms tell you how we may change or end your application.**

1. Our right to make changes or cancel:
	1. We may occasionally have to change the timing and content of the course and reserve the right to modify the course information and tutor.
	2. We reserve the right to cancel the course. This may be due to undersubscription, weather conditions, or any unexpected issues that may arise with course locations and tutors. For this reason, students are encouraged not to book travel or accommodation prior to receiving the welcome information and joining pack. We will not be held responsible for any additional costs incurred, including costs for travel or accommodation.
	3. We are not responsible for delays outside of our control. We reserve the right to defer the date of the course or end the application if the course is prevented or delayed by an event outside of our control. We will contact you as soon as possible to let you know and we will take steps to minimise the effect of any such delay. We will not be liable for delays caused by any such event.
	4. We do require certain information from you so that you can attend the course. We will contact you to ask for this information. If this is not provided within a reasonable timescale, or you give us incomplete or incorrect information, we may end your application and remove your provisional place on the course.
	5. If payment deadlines are not met, we may end your application and remove your provisional place on the course.

**Withdrawal**

If a student wishes to withdraw (after the start date), this should first be discussed with the course tutor and the Head of training.

If a Centre withdraws the placement, you will be informed about this decision and receive a full explanation of the reasons.

Guidance and support will be offered wherever possible to assist in the completion of the course. Please see refund terms and conditions above.

A refund of fees may not be possible if you or your centre withdraws your place.

**Notice of withdrawal and refunds** must be made via email to the Head of Training: **Training@relate.org.uk**

|  |
| --- |
| **Notes / Further Information** |
| *Please use this area to write any additional information you would like us to know, for example membership of other organisations.*Type here |

|  |
| --- |
| **Declaration**  |
| 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 give permission for information I have provided for this training to be shared with the Practitioner Directory as required.
* I agree to abide by all the Terms and Conditions stated in this training application form.

I understand that:* The information that I have provided on this form and in accompanying papers will be made available to those staff at Relate concerned with student matters.
* Any offer of a place as a student on a Relate Training course will be based on the information given in this form and that if the information given is found to be incorrect or incomplete, that any such offer will be withdrawn.
 |
| **Signed:**Type here | **Date**:Type date or click arrow |

**Thank you for completing this form**

**Next steps…**

1. Please email this application form (in Microsoft Word format) to your Relate placement centre manager for them to complete their sections. Please do not send a PDF of this application.
2. Once this form has been completed by both yourself and your Relate placement centre manager, please email the following documents (scanned or photographed copies that are easily readable are accepted) to **training@relate.org.uk**:
	1. Completed application form (should be emailed in Microsoft Word format)
	2. All supporting documents which include:
		1. Certificates for all qualifications and training stated in Part one of this application form.
		2. Evidence of clinical practice
		3. Current CV
		4. Direct Debit form (only if you are paying by this method)
3. If you are paying the course fee by Direct Debit please sign and return the hard copy of the direct debt form to: **Relate Training Department, Finance Manager, 76 St Giles Street, Northampton, NN1 1JW** and inform Training when this has been done. You can download the Direct Debit form on the course webpage.
4. Upon receiving your application the Training department will send you acknowledgement of receipt and will contact you again after the application has been processed.
5. We would greatly appreciate it if you also complete our Equality and Diversity monitoring form for the purposes of monitoring equality, diversity, and inclusion in our training. Information provided will be treated confidentially and will not affect your application in any way.

If you have any questions about the application process please contact **training@relate.org.uk**