**Student Practitioner Application**

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| **Name:** |  |
| **Address:** |  |
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|  |  |
| **Telephone:** |  |
| **Email:** |  |

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| --- | --- |
| **Place of Study:** |  |
|  |  |
| **Study Cohort (ie FD, BSc, Diploma):** |  |
|  |  |
| **Modality:** |  |
| **Course Contact:** |  |
| **Additional CPD:** |  |
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| **Supervision in Place:** |  |
| **Name of Supervisor:** |  |
| **Supervision Contact Details:** |  |
| **Membership Body (ie BACP, NCS)** |  |
| **Student Insurance:** |  |

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| **Educational Qualifications:** |  |
| **Year** | **Achievement** |
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| **Professional Achievements and Certificates:** | |
| **Year** | **Achievement** |
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| **Identification:** |  |
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| **Passport Number:** |  |
| **Driving License:** | **Yes/No** |
| **Driving License Number:** |  |
| **DBS:** | **Yes/No** |
| **DBS Number:** |  |
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| **Please provide a Personal Statement of no more than 1,500 words here. Explain Why you would like to join the McMullen Project, include your goals and aspirations from your counselling journey and what you feel you will bring to the beliefs and ethos of the project:** |
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| **Referees:** |  |
| **Professional Referee:** |  |
| **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |
|  |  |
| **Referees:** |  |
| **Character Referee:** |  |
| **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |
|  |  |

When submitting please include a copy of the following:

* Fitness to Practice statement from your training institution
* A copy of any membership certificate from any membership body
* A copy of your insurance certificate