

Please complete **all** sections of the form

Christian Pregnancy Counselling Skills Course Application Form – Manchester 2018		
Applicant Information		
Forename <i>(as it will appear on certificate)</i>		
Surname <i>(as it will appear on certificate)</i>		
Date of birth:	Gender:	
Mobile:	Phone:	
Current address:		
Town/ City:	County:	Post Code:
Email address:		
Section 1: Training and Work Experience		
Please state any relevant training		
Please state any qualifications you currently hold:		
Please state any relevant work experience:		
Section 2: Reasons and Recommendation		
Why do you want to come on the course?		
If you are coming as part of a Pregnancy Centre/ Church please provide details below:		
How did you hear about the course?		
Tick the level that you feel may be appropriate for you (you will receive more help with this on the course):		
Level 2 (750 words, explain/describe level)	Level 3 (1,500 words analyse/evaluate level)	
Reference: Details of person recommending you for the course:		
(e.g. Church Leader, Centre Leader, or other):		
Name and position:	Address:	Phone:
Referee's Signature:		

Section 3: Diversity and Equal Opportunities Monitoring

The following information is required by Open Awards:

Ethnicity – Please tick

1	White British	
2	White Irish	
3	Any Other White Background	
4	Mixed White and Black Caribbean	
5	Mixed White and Black African	
6	Mixed White and Asian	
7	Any Other Mixed Background	
8	Indian	
9	Pakistani	

10	Bangladeshi	
11	Any Other Asian Background	
12	Caribbean	
13	African	
14	Any Other Black Background	
15	Chinese	
16	Any Other Ethnic Group	
99	Not Stated	

Employment Status – Please tick

ST	Student (Full Time)	
PT	Part Time Employment	
RE	Registered Unemployed (Seeking Work)	

FT	Full Time Employed	
NS	Not Stated	
UN	Unwaged (Not Seeking Work)	

Access to learning – Please tick

		YES	NO
1	Do you consider yourself to have anything that may affect your access to learning? For example, a learning difficulty (eg dyslexia), a disability (eg deafness or needing wheelchair access) and/or a language barrier (not fluent in English)		
2	If yes, please state below so that we can make sure you have any additional support you may require. The information you give will only be shared with course tutors and Open Awards:		

AN IMPORTANT NOTE: *If you have experienced abortion, miscarriage or child loss the material on this course may affect you. This is a course for training and, whilst the tutors are able to signpost for support if it is needed, **WE STRONGLY RECOMMEND THAT YOU DO NOT CONSIDER SUPPORTING OTHERS IF YOU HAVE UNRESOLVED ISSUES RELATING TO YOUR OWN LOSS.** If you are uncertain about whether to apply or would like help to think this through, ring Rebecca to talk in confidence on 07572 369163.*

Having read the course information, I am applying for a place on the image course and verify that the information above is correct.

I transfer/enclose a cheque for <i>(delete)</i>	£	Payable to 'image and pregnancy helpline', Account no 51551493, Sortcode 40-25-23, Reference: TR <i>your name</i>
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Signed:

Date:

Please EMAIL booking form to office@imagenet.org.uk and transfer £40.00 non-refundable deposit **or**

Post the form with £40 non-refundable cheque to:

Image, Unit 15, Wesley Centre, Royce Road, Hulme, Manchester M15, 5BP

You will be contacted once your application has been processed.

Please note, we may contact the person recommending you for the course, too.