

Dublin Counselling & Therapy Centre

41 Upper Gardiner Street, Dublin 1. Telephone: (01) 878 8236

APPLICATION FORM MSc Counselling and Psychotherapy

PERSONAL DETAILS: (Please Print)								
	3:							
Telepho	one No:	Work:						
Email A	ddress: .							
Date of	Birth:							
EDUCATION AND TRAINING: Please list all of your principal courses whether relevant to counselling or not:								
Dates	Traini	ng Institution	Course Title	Qualification Received				

CAREER / WORK HISTORY:

List all working experiences, including voluntary work, whether directly relevant to counselling or not. Please start with your current or most recent occupation:

Dates	Organisation / Employer	Nature of Work

PERSONAL EXPERIENCE:

 List any childhood / adolescent experiences which you consider particular 	lally
significant in your life:	
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3. List any other life experiences that you consider relevant to this application,
ncluding any experience of personal therapy:
What personal qualities do you possess that you feel would make you an
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4. What personal qualities do you possess that you feel would make you an effective counsellor / psychotherapist ?
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MOTIVATION:

Please detail your reasons for considering a professional training in counselling
and psychotherapy:

HEALTH:

Please indicate your current state of health:	
2. Please list any major illnesses (past and present). Please give details als of any hospitalisations:	
3. Please list medications (if any) that are prescribed for you currently:	
PERSONAL INTERESTS: Please list your recreational and community interests:	
REFEREES: Please give the names, addresses and phone numbers of two referees who would be willing to be contacted by us:)
1	
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NOTE: Application / Interview Fee of €150 to accompany applications