# **Application Form**

Please fill in all the questions and headings below and return to [training@hopemeadows.co.uk](mailto:training@hopemeadows.co.uk).

Please also send:

* DBS certificate
* Evidence of safeguarding training within last 2 years
* Evidence of first aid training within last 2 years
* Evidence of any professional qualifications mentioned in section 2

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| **SECTION 1: Applicant Details** | |
| **Application date:** |  |
| **Course title:** |  |
| **Full name (to appear on your certificate)** |  |
| **Address:** |  |
| **Postcode** |  |
| **Phone number:** |  |
| **Date of birth:** |  |
| **Gender:** |  |
| **Email address:** |  |
| **Do you have any unspent criminal convictions?** |  |
| **Do you consider yourself to have a disability?**  **This may include undiagnosed/self-diagnosed/awaiting diagnosis.**  *Please provide details* |  |
| **Do you have any mental or physical health concerns that you would like us to know about?**  *Please provide details* |  |

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| **SECTION 2: Applicant Education and Experience** | |
| **Please give details of academic and/or professional achievements in relation to mental health, along with any ‘helping’ roles which can include paid, voluntary or personal roles.** | |
|  | |
| **Please give details of academic and/or professional achievements in relation to working with horses, and any roles you have held including paid, voluntary and personal.** | |
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| **Please indicate whether you have an up-to-date CV to attach.** | **Yes / No** |
| **Do you have English and Maths to GCSE level, or equivalent?** | **Yes / No** |

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| **SECTION 3:** | |
| **If you currently work self-employed/freelance, please provide a link to your website or Facebook page:** |  |
| **What are you hoping to gain from the course?** |  |
| **What are your goals and aspirations after completing the course?** |  |
| **Reflect on a time that you have supported a client with their mental health and discuss how you hope this course might help you in similar situations in future.**  *Minimum 300 words – attach separately if required.* |  |
| **Do you have capacity to attend 10 x 2 day onsite sessions along with around 6 hours of self-guided study per week?** | **Yes / No** |
| **Do you consider yourself to be computer literate (e.g. using Microsoft word & emails)?** | **Yes / No** |
| **Do you have any learning needs that may mean you require extra support with learning during this course?**  *Please provide details* |  |
| **Please indicate that you understand that this course does NOT qualify you as a counsellor or therapist and agree to work solely within your professional competencies.** | **Yes / No** |
| **Please confirm that you consent to the information in this document being processed and held. This includes sharing basic information (name, age, gender) with Crossfields Institute.** | **Yes / No** |