

**GALILEE HOUSE OF STUDIES
ATHY
CO. KILDARE
IRELAND**

DIPLOMA COURSE IN COUNSELLING

APPLICATION SUBMITTED BY:

Name:

Address:

CONFIDENTIAL

Selection for Course in Counselling at:

*Galilee House of Studies
Athy
Co. Kildare
Ireland*

Name: (as on birth certificate)

Address:

Telephone:

Home:

Business:

Mobile:

Date of Birth:

____ / ____ / ____

Place of Birth:

Marital Status:

References:

1 _____

2 _____

If you are offered an interview for a place on the course you will need to supply:

- (a) Two character references, one of which should, if possible, be from your current or most recent employer. (Not a relative)
- (b) Two passport sized photographs

If you have any queries regarding the filling of this application form you should contact the course Co-ordinator, Sr. M. Agnes Fitzgerald at: (063) 90555

EDUCATION

PRIMARY EDUCATION

Name of School:

From:

To:

From:

To:

SECONDARY EDUCATION

Name of School/College:

From:

To:

From:

To:

Examinations Taken:

Inter Cert of Equivalent

Pass

Honours

Leaving Cert of Equivalent

Pass

Honours

THIRD LEVEL EDUCATION

Name of College/University:

From:

To:

From:

To:

From:

To:

Pass

Honours

Any other academic, professional or technical qualifications? Please give details.

WORK EXPERIENCE

Please list your work experience since leaving full time education, including dates of employment, employers name and the reason for leaving.

<u>Name of Employer</u>	<u>Position Held</u>	<u>From:</u>	<u>To:</u>	<u>Reason for leaving</u>

Q.1. In situations where you have had your employment terminated, please state details.

Q.2. Give details of any voluntary work in which you are, or were involved.

Q.3 List any of your particular hobbies, or interests.

PERSONAL MEDICAL/THERAPY HISTORY

Q.4. (a) Regarding this application, are there any aspects of your medical history, that you believe we would need to be aware of? Yes [] No []

Q.4. (b) If answer to 4 (a) is "Yes", please give details.

Q.4. (c) Are you currently on any medication? Yes [] No []

Q.4 (d) If answer to 4c is "Yes", please give details.

Q.4. (e) Have you ever been addicted to prescribed medication? Yes [] No []

If answer to 4(e) is "Yes", please give details.

Q.5. (a) Have you ever suffered from a psychiatric illness/addiction? Yes [] No []

If answer to 5 (a) is "Yes", please clarify

Q.6. How long have you been free from this illness or addiction?

Q.7. Is there a history of psychiatric illness in your family? If so, give details.

Q.8. Have you ever, or are you currently receiving personal therapy?. If so, give details.

Q.9. Have you any experience of personal growth work?. Give details.

GENERAL

Q.10. What are your reasons for applying for this course?

Q.11. What are the problem areas in your life, if any?

Q.12. In what way might you benefit in a personal sense?

Q.13. Give a brief description of what you consider to be the role of a counsellor

Q.14. Is it possible for you to free yourself from your family and other commitments to the extent necessary to undertake a full time residential course?

Q.15. Are there any other relevant details about yourself that you would like to add?

PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:

***Sr. Agnes
Cuan Mhuire,
Bruree,
Co. Limerick
bruree@cuanmhuire.ie
Tel: 063 90555***

Date: _____

Signed: _____