

**GALILEE HOUSE OF STUDIES**

**ATHY**

**CO. KILDARE**

**IRELAND**

**DIPLOMA COURSE IN COUNSELLING**

**APPLICATION SUBMITTED BY:**

Name:

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Address:

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**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:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:**                   \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**References:**

**Please enclose:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**If you are offered an interview for a place on the course please bring the following:**

- (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 Galilee House of Studies at: 059 8638177**





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

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

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

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### **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 4a is "Yes", please give details.

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

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

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

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

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

Q.5. (b) If answer to 5a is "Yes", please give details.

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

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

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

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

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## GENERAL

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

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

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

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

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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?

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

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**PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:**

**GALILEE HOUSE OF STUDIES**

**ATHY**

**CO. KILDARE**

**IRELAND**

**Or by Email: [galilee@cuanmhuire.ie](mailto:galilee@cuanmhuire.ie)**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_