Information for Counselling Skills Courses

# Important details

Counselling Skills courses can be challenging for those who are currently undergoing psychological treatment, or who themselves have attended counselling, or faced a serious emotional issue in the last year. Students who wish to discuss any concerns should e-mail csk@abdn.ac.uk to make an appointment before applying.

Counselling Skills courses are accredited by the University of Aberdeen. The Counselling course is mapped to COSCA (Counselling & Psychotherapy in Scotland) competencies, and the Counselling certificate is only issued after four modules have been completed.

Class sizes are capped at 15 to allow for experiential learning. Students will be provided with an alternative time if their preferred option is full or not available. No class changes will be made after week two of teaching.

# Recording of Skills Practice

The Counselling Skills Certificate Course run by the University of Aberdeen requires you, as part of the course to participate in skills practice. You will take part in these sessions in the role of speaker listener and observer. You will need to make a video recording of these sessions. However, before you may take part in these sessions, the University requires that you agree to the following conditions of participation:

**1.** You acknowledge that your participation in the skills practice sessions as a speaker may require or result in the disclosure of private or personal details.

**2.** You agree not to copy the video recording either in whole or in part. You agree not to distribute the video recording (or any part of it) in any form, including in the form of transcriptions, quotations, or digital downloads except for the purposes of the course assessment.

**3.** You agree that all information disclosed during skills practice sessions, including all inferences or deductions made by subsequent review or analysis, are strictly confidential. You agree that, unless you have first obtained the express, written permission of both the speaker and the University, you will not:

* disclose such information to any third party; or
* view the video recording in the presence of any person not present at that session.

**4.** You acknowledge that you owe the University and the other participants of skills practice sessions a duty to maintain the confidentiality of information disclosed at such sessions. You agree that this duty may be enforced by the University or by any person who suffers loss or harm (whether economic or otherwise) as a consequence of your breach of that duty, irrespective of whether the breach is deliberate or negligent.

**5.** You acknowledge that, if you breach any of these conditions of participation, the University has the right to take disciplinary proceedings against you. You acknowledge that the University may refuse to award you a Counselling Skills Certificate (or any other academic qualification for which you are reading). You further acknowledge that the University may take legal action against you to recover any losses, damages, awards, costs (including legal costs) or expenses incurred by the University that arise from or are connected with your breach of these conditions.

**6.** You agree that, except in the case of death or personal injury, the University will have no liability to you for losses, damages, or harm of any form (whether economic or otherwise) arising from or in connection with your participation in skills practice sessions and the use of video recording equipment.

*These conditions of participation form a legally binding agreement between you, and the University and your fellow participants in the skills practice sessions. If you are uncertain of the implications, you should e-mail* *csk@abdn.ac.uk* *to arrangement an appointment to speak with someone from the team.*

An additional point regarding course participation:

**There are no exceptions from engaging with the course materials and activities. Students are actively encouraged to discuss any concerns with their tutors or the Course Co-Ordinator.**

Please contact the team at csk@abdn.ac.uk with any questions.

Please sign to confirm you have read and understood the above information:

**Signature: ……………………………………………………………………. Date……………………………………………**

**Print Name ………………………………………………………**………………………………………………………………….

| University of Aberdeen colour badge | **Please note Application forms can be sent by email to:** csk@abdn.ac.uk **or by post to:****Counselling Skills Office****MacRobert Building, Room 530****School of Education****University of Aberdeen****King’s College****Aberdeen AB24 5UA** |
| --- | --- |

# APPLICATION FORM FOR SCHOOL OF EDUCATION CERTIFICATE COUNSELLING COURSES

| **Applicant Ref No** (will be allocated by the University) | **Date Received** (entered by the University) |
| --- | --- |
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**THE DEADLINE FOR THE RECEIPT OF APPLICATIONS IS MONDAY 5TH AUGUST 2024**

| **Section 1 Name Details (BLOCK Letters Please)** |
| --- |
| **Surname/Family Name** |  |
| **Forename 1** |  |
| **Forename 2** |  |
| **Title: (Miss/Ms./Mrs/Mrs/Dr)** |  | **Date of Birth****(DD/MM/YYYY)** |  |
| **Previous Name (if applicable)** |  |

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| Section 2 Courses to which Application is being made |
| (Please enter a cross in the appropriate course choice boxes below) |
| **Two****Year** | TWO YEAR COURSE (THREE hours per week in class)  | **One Year** | **ONE YEAR IMMERSIVE COURSE** **(SIX hours per week in class)** |
|  | **CO101A Introduction to Listening Skills 1** |  | **CO101C Introduction to Listening Skills: Listening Skills and Theoretical Approaches 1 and 2** |
|  | **CO151A Introduction to Listening Skills 2: Theoretical Approaches** |  | **CO251C Introduction to Listening Skills: Applications, Self-care, and Support 3 and 4** |
|  | **CO201A Introduction to Listening Skills 3: Applications and Issues** |  |  |
|  | **CO251A Introduction to Listening Skills 4:****Self-care, Support and Supervision** |  |  |
| **Intended Source of Funding:** |  |
| Is your funding already guaranteed? | YES |  | **No** |  |
| Are you applying for a SAAS part-time fee grant | YES |  | **No** |  |

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| **Section 3 Address Details (BLOCK Letters Please)**Contact Address (for correspondence) |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Country** |  |
| **Postcode** |  |
| **Telephone Number** **(With country and area code)** | **Day** |  | **Evening** |  |
| **E-Mail address (please enter carefully):**  |

| Section 4 Educational (Higher and Further) and Other Relevant Qualifications (BLOCK Letters)  |
| --- |
| **Please list below, in chronological order, you’re educational, professional, and other relevant qualifications for entry including those you hope to obtain. Include College and University Programmes. Please enclose a SCANNED NOT AN ORIGINAL transcript of your main degree qualification(s) (translated into English where appropriate).**  |
| **Qualification Title, Subject and Level** **(e.g. BSc Biology, MBBS)** | **University/College of Study (if not UK, please state which country)** | **Result or Grade** | **Date of Award or Anticipated Award (Month/Year)** |
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| Section 5 Employment History (BLOCK Letters Please) |
| **Please enter periods of employment or research experience in chronological order, with most recent at the top** |
| **Date From****(Month/Year)** | **Date To****(Month/Year)** | **Employer (if not UK, please state which country)** | **Title and Description of Post held** |
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| Section 6 English Language Proficiency, please provide evidence if your first language (‘mother tongue’) is not English)You will find further information on English Language Proficiency on our website: <http://www.abdn.ac.uk/study/international/undergraduate-degrees-english-requirements-268.php>  |
| --- |
| Please provide a copy of your English Language Proficiency with this application form. |

| **Section 7 Personal Details (BLOCK Letters Please)** |
| --- |
| Insert an ‘X’ in the relevant boxes below |
| Have you previously studied in UK Higher Education? |  | Yes |  | No |  |
| If yes, please enter HESA Student Identifier: |  |
| **Have you been a student in this University before?** |  | **Yes** |  | **No** |  |
| **If yes, please give your Student Identification number, if known** |  |
| **If yes, please state most recent University of Aberdeen Programme** |  |
| **Have you previously been refused admission to study, or continuation of study, other than on academic grounds?** |  | **Yes** |  | **No** |  |

| **Section 8 Residential Entry Category** |
| --- |
| Permanent Domicile – Country (if not in UK); Local Authority (if within UK): |  |
| Country of Birth: |  |
| What is your legal country of nationality?  |  |
| *Insert an ‘X’ in the relevant box below.* **(A)** UK /EU National, resident in the European Economic Area (EEA)  **(B)** Settled in the UK  **(C)** Refugee Status  **(D)** EEA or Swiss National   **(G)** UK/EU Outside EEA  **(H)** Child of a Turkish Worker  **(J)** Humanitarian Protection or similar **(O)** Other  **If not British or European Union National, date of most recent entry to the UK** |

**If support is required because of the above, please give brief details.**

## Section 9 DISABILITIES *(Insert an ‘X’ in the relevant boxes below)*

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| If you require any disability-related adjustments or support, it is helpful if you inform the University at an early stage.The information provided will not affect any decision about your academic suitability for the programme and will be treated confidentially. If you wish to discuss your situation confidentiality before deciding whether or not to disclose, please contact a Disability Advisor at [student.disability@abdn.ac.uk](file:///C%3A%5CUsers%5Cs03la1%5CDocuments%5C4.HESA%20DF%20Project%5CCPD%5CNew%20Form%5Cstudent.disability%40abdn.ac.uk).**Do you have an impairment, health condition, or learning difference that has a substantial impact on your ability to carry out day-to-day activities and has lasted, or is expected to last, at least 12 months?** **If you have more than one health condition or disability, please select all that apply.**[ ] Blind or have a visual impairment uncorrected by glasses.[ ] D/deaf or have a hearing impairment.[ ] Development condition that you have had since childhood which affects motor, cognitive, social, and emotional skills, and speech and language.[ ] Learning difference such as dyslexia, dyspraxia, or AD(H)D[ ] Long-term illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy[ ] Mental health condition, challenge, or disorder, such as depression, schizophrenia, or anxiety[ ] Physical impairment (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting, or carrying).[ ] Social/communication conditions such as a speech and language impairment or an autistic spectrum condition[ ] An impairment, health condition or learning difference not listed above.**Or**[ ] No known impairment, health condition or learning difference.**Or**[ ] Prefer not to say.**If you have health condition or disability and require disability-related adjustment or support, please give brief details.****Are you in receipt of Disabled Students’ Allowance funded by the Student Loans Company (SLC) or Student Awards Agency Scotland (SAAS)? You may know it as an allowance funded by Student Finance England/Guernsey/Isle of Man/Jersey/Northern Ireland/Scotland/Wales:****Yes Not Applicable**   |

| **Section 10 Referee Details (Block Letters)** |
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| Please provide a reference **with your** application form. Your referee cannot be a family member but someone who can comment on your suitability to study on this course. This person must be known to you for **over two years**. Please make the reference relevant and current for this course. **Applicants are responsible for ensuring that the reference is provided.** **Failure to do so will result in the schoolbeing unable to process your application*.*** A referee form is below for **you** to send to your potential referee. |

| **Programme of Study:**  |  |
| --- | --- |
| **Applicant’s name:** |  |
| *We would be grateful if you could provide a reference for the above-named applicant. Please comment on the applicant’s academic and general abilities to undertake the proposed Programme of study* ***using this form only*** |
| **Name of referee:** |  |
| **Your relationship to applicant:** |  |
| **Post/Occupation/Relationship** |  |
| **Address** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email address** |  |
| **How long have you known the applicant in this capacity?** |  |
| **Please comment on the applicant’s academic ability; interpersonal Skills and motivation for study**  |
|  |
| **Please comment on the applicant’s counselling skills or their potential to form helping relationships:** |
|  |
| **Please comment on the applicant’s interactions with others (i.e., fellow students and tutors for academic references)** |
| **Please comment on the applicant’s character and personal qualities relevant to this Programme.** |
|  **Excellent Good Fair Poor** |
| Responsibility and reliability:  |
| Teamwork:  |
| Emotional literacy:  |
| Personal maturity:  |
| Resilience: x |
| **Please comment on the applicant’s capacity for fluent and logical Communication** |
|  **Excellent Good Fair Poor** |
| Oral:  |
| Written:  |
| **Please state why you think this applicant is suitable to study this Programme noting any concerns you may have:** |
|  |
| **Referee’s Signature: Date:**  |

**Please return the Application form and one reference by e-mail only to**:csk@abdn.ac.uk

| **Section 11 How did you hear about this Programme?** *(Insert an ‘X’ in the relevant box below)* |
| --- |
| 1. University Prospectus |  | 6. University Visit to your Institution |  | 11. Academic Department |  |
| 2. WWW |  | 7. Aberdeen International Officer |  | 12. Your own teaching staff |  |
| 3. Higher Education Convention or Fair |  | 8. Family/Friends |  | 13. Word of Mouth |  |
| 4. British Council |  | 9. Open Day |  |  |  |
| 5. Your own School |  | 10. Newspaper/Journal (please specify): |  14. Other (please specify): |

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| --- |
| Section 12 Personal Statement**Please enter below a personal statement by yourself which could include details of your aptitude for study; details of any relevant practical experience, responsibilities, study abroad; outside interests; reasons for wishing to study at the University of Aberdeen; where appropriate, reasons for wishing to visit the UK etc.*****Please continue a separate sheet if necessary.*** |
|  |
| Declaration |
| **I certify that the information given in this application is correct and complete. If I am admitted to the University, I undertake to observe the University’s Regulations and to ensure payment of tuition fees and other financial liabilities to the University. I agree that the University of Aberdeen may process personal data contained in this form, or other data which the University may obtain from me or other people whilst I am an applicant and student, for any purposes connected with my application or for any other legitimate reason.** |
| **Signature of Applicant: Date:****(Make sure you sign and date this declaration)** |

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| **Section 13 SUPPORTING DOCUMENTATION CHECKLIST** |
| **Please remember to include the following documentation:** |
|  **Degree certificates and transcripts** |
|  **A valid IELTS certificate or proof of your language proficiency (if applicable)** |
|  **One reference** |
| **If you do not submit the required documents with your application, it cannot be processed** |

**The information on this page is required for statistical purposes only and will not be made available to staff considering the application for admission. Please tick the appropriate boxes.**

**What is your sex?**

If your permanent domicile upon entry is in England, Guernsey, Isle of Man, Jersey, Northern Ireland, Scotland, or Wales, please choose one of the following options:

 MaleFemale

If your permanent domicile upon entry is in any other country, please choose one of the following options:

 MaleFemale Other

**Do you consider yourself to be trans, or have a trans history?**

 NoYes Prefer not to say.

**Which of the following best describes your sexual orientation?**

 Bisexual Gay or lesbian

 Heterosexual or straight Other sexual orientation

 Prefer not to say.

**What religion or religious denomination or body do you belong to?**

 No Religion Buddhist

 Christian - Church of Scotland Christian - Roman Catholic

 Christian - Other denomination Hindu

 Jewish Muslim

 Pagan Sikh

 Any other religion or belief Prefer not to say.

**What is your ethnic group or background?**

Asian - Bangladeshi or Bangladeshi British

Asian - Chinese or Chinese British

Asian - Indian or Indian British

Asian - Pakistani or Pakistani British

Any other Asian background

Black - African or African British

Black - Caribbean or Caribbean British

Any other Black background

Mixed or multiple ethnic groups - White or White British and Asian or Asian British

Mixed or multiple ethnic groups - White or White British and Black African or Black African British

Mixed or multiple ethnic groups - White or White British and Black Caribbean or Black Caribbean British

Any other Mixed or Multiple ethnic background

White - English, Welsh, Northern Irish or British

White - Gypsy or Traveller

White - Irish

White - Polish

White - Roma

White - Scottish

White - Showman / Showwoman

Any other White background

Arab

Any other ethnic background

Not known

Prefer not to say.

**If you are under 21, please give the occupation of your parent, stepparent or guardian who earns the most. If they are retired or unemployed, give their most recent occupation.**

**If you are 21 or over, please give your own occupation.**

**Special student status**

 Entered HE via Scottish Wider Access Programme

 Entered HE via another Access Programme

 Incoming SOCRATES-ERASMUS Student (Institutional Contract)

 Other Incoming Exchange or Visiting Student

 Not Applicable

**Please answer the questions below if your country of permanent domicile upon entry is in England, Guernsey, Isle of Man, Jersey, Northern Ireland, Scotland, or Wales.**

**Are you a service leaver?**

A service leaver is anyone who has served for at least one day in Her Majesty's Armed Forces (regular and reserve) or Merchant Mariners who have seen duty on military operations.

 NoYes Prefer not to say.

**Do you have a parent or carer who served or is serving in the British Armed Forces?**

A person who has a parent or carer who served or is serving in the regular or reservist British Armed Forces (Royal Navy; British Army; or Royal Air Force) at any point during the first 25 years of that person's life.

 NoYes Prefer not to say.

**Would you consider yourself estranged from your family (i.e., not supported by your family)?**

An estranged person is someone who no longer has the support of their family due to a breakdown in their relationship which has led to ceased contact. This might mean your biological, step or adoptive parents or wider family members who have been responsible for supporting you in the past.

 NoYes Prefer not to say.

**Are you a carer?**

A carer is anyone who cares, unpaid, for a friend or family member, who due to illness, disability, a mental health problem or an addiction, who cannot cope without their support.

 NoYes Prefer not to say.

**Have you ever been in care, or have you ever been looked after by a local authority at any stage in your life, no matter how long for?**

 Not a care leaver Looked after in Scotland.

 In care in the rest of the UK Not known

 Prefer not to say.

**Are you a user of British Sign Language (BSL)?**

 YesNot applicable.

**Do any of your parents have any higher education qualifications, such as a degree, diploma, or certificate of higher education??**

 No Yes

 Not known Prefer not to say.

**Thank you for completing this form.**

**Please return by e-mail to** **csk@abdn.ac.uk****; or post to Counselling Skills, MacRobert Building, Room 501, University of Aberdeen, King’s College, Aberdeen, AB24 5UA, Scotland, UK**

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