

**Person-Centred Experiential Counselling for Depression Counsellor Training Application Form**

**Application Process**

Applicants must obtain the following permissions in advance of submitting their application:

* Release of applicant to attend the five-day PCE-CfD counsellor training
* Release of all PCE-CfD client material for use in supervision
* Recording and release of selected PCE-CfD therapy sessions for assessment

If a trainee is unable to meet the requirements for supervision and/or assessment, they will be withdrawn from the training programme.

**Checklist: Tick completed**

Copy of certificates included and confirmation that your training is

humanistic or person-centred? 🞏

Line manager’s report included and digitally signed (not typewritten\*)? 🞏

Supervisor’s statement included and digitally signed (not typewritten\*)? 🞏

Permission obtained to attend training? 🞏

Permission obtained to attend supervision? 🞏

Permission obtained to record and release material? 🞏

***\*A short supporting email is required from line manager and supervisor if not able to digitally sign statements. Typewritten signatures are not permitted.***

**Applications including all supporting paperwork** should be emailed to pce.cfd@yorksj.ac.uk.

I am applying to attend the following start date (please tick as appropriate):

**Cohort 1** (30, 31 Oct, 1 Nov and 9 & 10 Nov 2023) 🞏 Deadline for applications 6 Oct 2023

**Cohort 2** (11-13 March and 21 & 22 March 2024) 🞏 Deadline for applications 16 Feb 2024

**Person-Centred Experiential Counselling for Depression Counsellor Training Application Form**

**Your details:**

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| Title: |
| First name: |
| Surname: |
| Job title: |
| Employing organisation and Trust: |
| Work organisation address and postcode: |
| Home address and postcode: |
| Daytime phone number: |
| Mobile Number: |
| Email Work Address:Email Personal Address: |
| We would like to keep you up-to-date with relevant news, courses and programmes. Please tick here to receive this information via email: 🞏  |

**Qualifications**

Please pay particular attention to meeting the essential criteria.

Please provide photocopies of certificates of all courses with your application.

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| --- | --- | --- |
| **Title of Course** | **Place of study** | **Qualifications date** |
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State clearly how your diploma qualification meets the criteria for the diploma in humanistic or person-centred counselling e.g., specify the core modality.

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**Work History:**

Please pay particular attention to meeting the essential criteria

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| --- | --- | --- | --- |
| Start date | End date | Employer | Job/role |
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**Supporting statement**

Please provide a brief example showing us how you work **in a person centred/experiential way** with a client suffering from depression.

Please do not submit more than 1000 words in total.

Your supervisor should read your work to enable them to complete their statement.

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**Returning Your Application**

You should have discussed your application with your Line Manager and Supervisor and obtained permission from your employer to attend supervision and discuss your PCE-CfD client work in the sessions.

Please also ensure that you obtain your employer’s permission to record selected client material and subsequently release it for assessment.

Remember to include photocopies of all training courses you have listed in your application.

Please keep a copy of this application for your own records.

**Please now sign and date this form and return it with the necessary supporting statements according to the instructions received in your accompanying correspondence.**

Signature Print Name Date

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**Applications including all supporting paperwork** should be emailed to

pce.cfd@yorksj.ac.uk.

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**Line Manager Information**

**PCE-CfD counsellor training requirements**

Trainee PCE-CfD counsellors attend a five-day training programme and undertake an 80-hour period of clinical practice whilst attending regular and frequent supervision with a qualified PCE-CfD supervisor.

Selected sessions from the practice period are audio-recorded, anonymised and submitted for assessment of adherence to the Person-Centred Experiential Counselling for Depression manual. Submissions may be on CD, DVD or USB memory stick and can be encrypted in accordance with employer policy. Marks and feedback will then be made available to the trainee for reflection and use in supervision. At least two of the cases submitted should be from the later stages of the therapy. The sessions must be completed for final assessment by no later than 12 weeks from the start of the practice period.

Therefore, it is essential that:

1. The applicant’s release for supervision as specified with a qualified PCE-CfD supervisor is permitted and that all PCE-CfD client material from the practice period may be presented. This should be arranged and agreed in advance of the application form being submitted for selection. Trainees who fail to fulfil the requirements for PCE-CfD supervision will be withdrawn from the training. Applications should be able to suspend any supervision contracts that will prevent them meeting the requirements of their PCE-CfD supervision contractual obligations.
2. The applicant is permitted to record suitable PCE-CfD client material for supervision and submit it (once anonymised) for assessment. Agreements should be in place before the application form is submitted for selection. Trainees who are unable to meet the recording and/or supervision requirements will be withdrawn from the training.

**Line Manager Statement**

Please complete, digitally sign and date this statement:

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| Name of PCE-CfD Applicant: |

The above applicant has submitted an application for CPD training as part of the national programme of PCE-CfD for IAPT services with York St John University.

I understand all the requirements and implications of this application going forward for PCE-CfD counsellor training as described above and I agree to proactively support the applicant as appropriate (if selected for the training).

Specifically:

* I agree to the applicant’s release for attendance of the five-day training
* I agree to proactively support the applicant’s access to suitable PCE-CfD client work and their release, with the client materials, for PCE-CfD supervision purposes
* I agree to proactively support the applicant’s recording of suitable PCE-CfD client work and the release of selected anonymised recorded sessions for assessment purposes

Please sign and date this statement:

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| Name:  |
| Job Title: |
| Professional Qualification: |
| Employing Organisation: |
| Work Address: |
| Email Address: |
| Daytime Telephone Number: |
| Digital Signature (Not typewritten):(Please email us direct supporting the application if this is not feasible) |
| Date: |

Please return your completed statement to the applicant for inclusion with their application or send direct to pce.cfd@yorksj.ac.uk .

***A short supporting email is required from line manager and supervisor if not able to digitally sign statements. Typewritten signatures are not permitted.***

**Person-Centred Experiential Counselling for Depression counsellor training**

**Supervisor Statement**

Please complete, digitally sign (not typewritten) and date this statement.

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| Name of Applicant: |

The above has submitted an application for PCE-CfD counsellor training as part of the national training programme in IAPT. Please provide a statement commenting on his/her suitability as a candidate for training. Your statement should reflect current and recent practice. The applicant has been asked to share their supporting statement with you as part of the application process.

PCE-CfD training requires that the trainees have demonstrated competence in delivering psychological therapy as a treatment for depression. It is a requirement that the therapist has two years post qualification experience.

**Please comment on:**

**General competence in delivering person-centred/experiential therapy.**

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**How the applicant demonstrates an aptitude for working within a person-centred experiential framework in a time limited environment.**

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**How the applicant demonstrates ability and experience of working with people with depression.**

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**I hereby confirm that:**

* I am in support of this application
* I have seen the applicant’s supporting statement
* The example(s) used are typical of the applicant’s work
* I understand that I may be contacted as part of the trainee selection process

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| --- |
| Name:  |
| Job Title: |
| Professional Qualification: |
| Employing Organisation: |
| Work Address: |
| Email Address: |
| Daytime Telephone Number: |
| Digital Signature (Not typewritten):(Please email us direct with a supporting email if this is not feasible) |
| Date: |

Please return your completed statement to the applicant for inclusion with their application or send direct to pce.cfd@yorksj.ac.uk .

The applicant will advise you of the date by which you should return your statement to them.

***A short supporting email is required from line manager and supervisor if not able to digitally sign statements. Typewritten signatures are not permitted.***