

APPLICATION FORM FOR MATRIX COURSES

Name:

Address:

Postcode:

Telephone no:

Email address:

Date of birth:

Qualifications:

Work experience:

Convictions:

Please detail below any criminal convictions in the last 5 years.

Ethnicity:

(Required for university registration)

Personal statement to support training at this time:

Your personal assessment of your personal strengths and attributes, and possible difficulties which you believe will assist or impede you in your training

Personal statement:

Why I would like to do counselling training at this time.

I confirm I have declared all medical, physical and psychological conditions, both past and current, which could potentially affect my ability to effectively engage in psychotherapeutic counselling training.

Signed:

Please send to:-

Dr Susie Jones
Matrix College of Counselling and Psychotherapy, Lavender Cottage, 18-20 Queens Road, Hethersett,
Norfolk , NR9 3BD

Email: sue@matrix-training.org

REFERENCE REQUEST

Confidential reference request for study at Matrix College

Applicant's first name:

Applicant's surname:

Applicant's address:

Postcode:

Date of birth:

Course applied for:

Dear Referee,

The person named above is applying for entry to study at Matrix College for Counselling and Psychotherapy. The applicant would like you to support his/her application and will have sent this form directly to you. Matrix has adopted this process of confidential reference requests to assist referees in providing appropriate information in determining the applicant's suitability for training (please see course applied for above).

Referees should either be an employer/manager or someone who has known the applicant for more than 2 years in a professional or personal capacity.

We would be grateful if you would complete the following page. Alternatively, you can attach this form to a separate letter giving your opinion of this applicant, in which case it would assist us if you could refer to the numbered questions in providing your personal statement.

Please return this form with your comments to:

Dr Susie Jones
Matrix College
Lavender Cottage
18-20 Queens Road
Hethersett
Norfolk
NR9 3BD

If you require further information please telephone Head Office on: 01603 812479,
or email: sue@matrix-training.org

Please accept our thanks in advance for completing this form.

Yours sincerely

Dr Susie Jones MSc
Head of Training.

Name of referee:

Position/occupation/relationship to applicant:

Length of time the applicant has been known to you:

Address of referee:

Postcode:

Telephone number:

Email address:

To help us further with our assessment of this applicant, it would be helpful if you could rank the applicant with regard to the following .

low.....high
1 2 3 4 5

An understanding of the demands of training eg deadlines, assessments, financial agreements.					
Capacity to engage with People					
Integrity					

It would be helpful if the following information about the applicant could be covered in your statement below:

Motivation and commitment

Intellectual ability

Oral and written communication skills

Personal qualities

Any further comments you think may be useful

STATEMENT BY REFEREE (please continue on separate sheet if necessary)

Signed:

Date:

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