Pastoral Counselling Institute

PASTORAL COUNSELLING SKILLS COURSE

APPLICATION FORM 2015

Intensive – North Parramatta _____ Glen Innes _____ Other __________________ (Please specify)

Full Name ……………………………………………………………………………………………… Male/Female………………

Address …………………………………………………………………………………………….. Post Code ………………………

Email: ………………………………………………………………………………………………………

Home Phone …………………………… Work Phone ………………………………………

Mobile ………………………………… Fax …………………………………………………

Church Affiliation ………………………………………………………………………………… Date of Birth ……………

Where did you hear about this course? …………………………………………………………………………………………….

Do you require onsite accommodation? (extra fee) Yes/ No

Do you require the School Chaplaincy Modules? Yes/ No

Are you applying for the Ministry of Pastor Scholarship*? …………………………………
* please note that a registration Fee of $600 will still apply which includes the RTO registration fee for ASQA accreditation

Work history (both paid and unpaid, including relevant volunteer experience):

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

Education and Training relevant to counselling, listening skills or theology:

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..

Please turn over and complete side two
Please answer the following questions:

What do you hope to gain from this program?

How will you utilise the skills and knowledge acquired?

I have read the privacy statement below and agree to the Pastoral Counselling Institute contacting my referees in relation to my application/enrolment in all aspects of the PCI Pastoral Counselling Skills Course.

Name: .............................................. Signed: ............................................... Date: ..............................

Applicant

Please return this form TOGETHER WITH:

- A recent written reference from your minister/priest supporting your application. If you are applying for the Ministry of Pastor Scholarship – this reference needs to be from your Presbytery minister.
- A recent written reference from one other person supporting your application (not family).

Reference 1: Name: .............................................. Contact No: ..............................................

Reference 2: Name: .............................................. Contact No: ..............................................

TO:

PASTORAL COUNSELLING INSTITUTE
16 Masons Drive
North Parramatta 2151

You will be notified of your acceptance into the course when a deposit of $1000 will be required.

PRIVACY LEGISLATION POLICY

From time to time the Pastoral Counselling Institute will ask you to provide some personal details. The Pastoral Counselling Institute requires the information requested of you in this form in order to provide you with counselling and educational services. If you do not provide all the relevant information, then we may not be able to provide such services to you.

Please also note that the Pastoral Counselling Institute may be requested to provide your personal information to a third party (eg ASQA The Australian Skills Quality Authority, Uniting Church organisations such as the Uniting in Mission and Education and United Theological College, or other educational institutions, personal referees and accrediting bodies) in order to provide you with educational services as part of your progress towards an Award. You can request access to your personal information by contacting the Director.

PASTORAL COUNSELLING INSTITUTE
16 Masons Drive North Parramatta 2151 - Phone: (02) 9683 3664 Facsimile: (02) 9683 7512
Email: pciuca@ihug.com.au www.pastoralcounselling.org

This Course Is Delivered in Partnership with Wesley Vocational Institute:
Provider Number: 90091
RTO legal Entity “Wesley Community Services Limited”