

**NICE Recommended Person-Centred Experiential
Counselling for Depression (PCE-CfD)**

CPD Training Programme Application (Counsellor)

SAMPLE

Person-Centred Experiential Counselling for Depression (PCE-CfD) counsellor training

CPD Training Programme Application

Part A Your details

Title (Mr, Mrs, Ms, other):	
First name(s):	
Surname:	
Job Title:	
Work address & postcode:	
Home address & postcode	
Which is your preferred contact address, work or home?	
Daytime phone number:	Mobile number:
E-mail address:	
May we contact you by e-mail?	
May we circulate this e-mail address to other training participants?	
How would you like your name to appear on any official letters and/or certificates? (For example, William Smith, W Alan Smith, and WA Smith)	
Personal requirements for training course attendance and participation:	
Visual/Auditory impairment:	
Other requirement:	



Part B Qualifications and professional status

Please pay particular attention to meeting the **essential criteria** **no acronyms please**

Full title of qualification	
Place of study	
Qualification date	
Modality/orientation (if integrative, give orientations integrated)	

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Insert additional copy of table/ sheet if necessary

I am accredited/registered with:

OR

I am working towards accreditation/registration with:

Part C Work history - please pay particular attention to meeting the **essential criteria**

Start date	End date	Employer	Job/role



Part D 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.

Placeholder for the supporting statement text. A large, light grey watermark reading "SAMPLE" is overlaid diagonally across the entire area.

How do you self-describe since being in practice?

Please tick whichever applies

Person-centred

Person-Centred Experiential

Integrative
(if so what is integrated?)

Humanistic

Other (please describe)



Part E Returning your application

Next Steps:

Discuss this application with your line manager and supervisor.

Please remember to obtain 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.

Give your line manager and supervisor the appropriate enclosed statement and arrange for each completed statement to be enclosed in a sealed envelope. Include the sealed statements with your fully completed application.

Copy any training certificates that you are sending to us to support your application (these are the courses you told us about in Part B)

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 signed

Please check your application and confirm before emailing back

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Copy of certificates included? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Line manager's report included? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Supervisor's statement included? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Permission obtained to attend the training? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Permission obtained to attend supervision? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Permission obtained to record and release material? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |