

# AOTCAT APPLICATION



Date of Application      Type of counselling course applying for:

	<input type="checkbox"/> Level 1 Introduction <input type="checkbox"/> Level 2 CSK <input type="checkbox"/> Level 3 CSK <input type="checkbox"/>
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## Personal Information

Full Name:		Nationality:
Address:		
Phone	Email:	DoB:
Are you a British Citizen?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married, number of dependent(s) <input type="checkbox"/> Divorced		

Educational Background. Please provide as much information as possible      Years of qualification

Qualification Type	Level	Subject	Grade	Year

## Learning Support

Do you have any learning difficulties, disability or health problems?
Are you a young person (under 19 year and have asocial worker?)

**Personal Statement:** Please use the space below to let us why you want to pursue a career in counselling. (Word count 250)

How did you find out about AOTCAT?....

I understand that the information given on this form can be used for any matter related to my application for a program of study for the coming or future academic years, and for marketing and research purposes by AOTCAT Centre to undertake such work. I give my consent to the processing of data on this form on the understanding that the information I have supplied will be used only for the purposes set out above, and my consent is conditional upon the Centre complying with its obligations and duties in accordance with the Centre's registration under the Data Protection Act 1998.

Sign/ I

Please attach any previous counselling qualification to this application form and send back Via email to

 07800476192

 aweleolivetreecat@gmail.com