



Online Graduate Centre

Undergraduate Application Form

Programme Details					
Title of Programme					
Point of entry (e.g. Part 1 or Part 2 or Top Up Degree)					
Mode of Study	Online Learning				
Month of entry	Month:	January	May	September	Year:
	Please note that not all programmes offer a January, May or September intake. Please refer to lofcounsel@aol.com for available entry dates.				

Personal Details

Title*: _____ Surname*: _____ Forename(s)*: _____

Address*: _____

County: _____ Postcode*: _____

Home Telephone Number*: _____ Personal Mobile: _____

Home Email *: _____ Work Email: _____

Date of Birth (DD/MM/YYYY)*: _____ Country of Birth*: _____

Nationality*: _____ Residency*: _____

Supervisor (Clinical or Practice)

Will you have Clinical or Practice Supervision for the duration of this degree programme?

Yes

No

If 'Yes': Supervisor's name: _____ Contact email: _____

Supervisor's qualifications _____

If required the IoC can supply an online practice supervisor for the duration of the degree programme.

Please indicate if this interests you: Yes No

Practice Details (Employment)

Employer: _____ Job title: _____

Type of Practitioner: _____ How many years: _____

Address: _____

Telephone Number: _____ Email: _____

Employment/Work Experience

Please give details of your current work experience, position held, type of work undertaken and duties. Continue on a separate sheet if necessary.

Date:	Position held:

Further and Higher education (College and University)

Please detail any courses undertaken in further or higher education (e.g. College/University level) including those where no award was achieved. Please include any pending awards.

Awarding Institution (University/College)	Name of Course	Final Grade	Started	Completed
			Year	Year

Professional Qualifications

Name of awarding body	Qualifications	Result	Date

Professional Registration - Membership Number (if applicable)	Date Awarded	Expiry Date

If your first language is not English, you will be required to provide a valid IELTS or TOEFL certificate*. Without this the University will be unable to make a final offer. *For a list of other English qualifications accepted by the University please refer to the University website.

Is English your first language Yes No

Where did you hear of IoC/GCU Partnership?

Careers Office	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Agent	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Open day/Exhibition	<input type="checkbox"/>	Other	<input type="checkbox"/>
Friend/Family	<input type="checkbox"/>	IoC/GCU website	<input type="checkbox"/>	Other website	<input type="checkbox"/>

Application Checklist

Please use this checklist to ensure your application is complete. If you do not have all documents at the time of application your application may be delayed. Please provide any missing information as soon as possible. Scan and attach your documents or download this application and enclose documents.

<u>Signed application form</u>	<u>Attached/Enclosed</u>	<u>To follow</u>	<u>Not available/ applicable</u>
Personal statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of University/College certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of academic transcripts/mark sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Two reference letters (1 clinical or practice supervisor and 1 employer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of English language qualifications (required if your first language is not English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the photo/data page of passport (essential for international students requiring a student visa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Official translations of any documents not in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you do not have a clinical or practice supervisor supply a reference from another practitioner that is familiar with your practice.

For the duration of the degree programme the Institute of Counselling, if appropriate, offers Full Membership of the Institute.

Please indicate if this interests you: Yes No

Source of Funding

Please state how you intend to fund your proposed study by ticking the appropriate box(s) below.

Self-funding

Employer-funding

Other (please give details below)

Additional Information/Supporting Personal Statement

Please provide any other information to support your application, e.g. relevant experience for mature students. Please include your reasons for wanting to study your choice of course at the IoC/GCU. Continue on a separate sheet if necessary. Projects would be of particular interest for those without formal qualifications.

Disclaimer (To be signed by applicant)

1. I confirm that to the best of my knowledge the information given in this form is correct. I confirm that the documentation I have supplied with my application is genuine, and I understand that the University will withdraw my application if any aspect of my application is found to have been falsified.
2. I acknowledge that Glasgow Caledonian University and the Institute of Counselling will accept no liability for my tuition fees or living expenses in the event of my admission.
3. I understand that a registered student is required to abide by the regulations of Glasgow Caledonian University and to conform with its Policies, Procedures, Ordinances and Regulations.
4. I understand that Glasgow Caledonian University's and the Institute of Counselling's programmes are subject to a continuous process of review. The University reserves the right in every case at its discretion to vary the content of programmes or parts of programmes, to offer new programmes, to discontinue existing programmes and to cancel programmes in the event of low enrolments.
5. I agree that Glasgow Caledonian University and the Institute of Counselling may use my personal data in accordance with the University Data Protection Policy and the UK Data Protection Act 1998 and other applicable data protection law.
6. I understand that personal data provided within this application will be entered on to the University's and the Institute of Counselling's computer records for the purpose of considering and managing my application. I understand that this information will be held securely and kept up to date, and I can ask the University and the Institute to stop using this information by submitting a written request to do so.

International Applicants

7. I understand that the University works with partners to support international students during the application process. I understand that if I am represented by an Overseas Agent my information will be shared, and this may also involve my information being transferred outside the EU.

For international students who are unsuccessful the University reserves the right to pass this application form to our appropriate partners for their consideration for a relevant pathway programme. I will inform Glasgow Caledonian University if I do not wish my information to be shared in this way.

I have read, understood and accept the terms of the above disclaimer,
I hereby apply for enrolment and if accepted I agree to comply with
the standard rules, regulations and ordinances of Glasgow Caledonian University.

Signature: _____ Date: _____

Typed name will be accepted.

Please email your completed Application form and supporting documents to:
Neil Morrison at lofcounsel@aol.com or post to Institute of Counselling, Online Graduate
Centre, 40 St. Enoch Square, Glasgow, G1 4DH, Scotland, UK.