

Vancouver College of Counsellor Training

APPLICATION FORM

To Determine the
Potential of the Applicant for
Counsellor Training and Practice



Published By:
Vancouver College of Counsellor Training
206 East 6th Avenue
Vancouver, British Columbia V5T 1J8

- Tel: (604) 683-2442
- Fax: (604) 688-9001
- Email: info@vcct.ca

Application Form

Confidentiality

Because the field of counsellor training and practice involves personal qualities needed by the applicant, a proper assessment of individual potential requires an exploration of areas related to the personal life experiences of the applicant. The information provided on this form is kept strictly confidential within VCCT and is used only for admission and advising purposes for the applicant.

Note: If an applicant fails to meet the minimum admission requirements either the college or the student cannot waive them under any circumstances.

Attach additional sheets as needed. Contact Admissions Advising at (604) 683-2442 (Vancouver) or toll free at 1-800-667-3272 if you require assistance.

Submit this completed assessment to Admissions through VCCT reception at your earliest convenience.

Date: _____

Check: (Required)

I am completing the **Application Form** for a "Letter of Acceptance" for admission to the Vancouver College of Counsellor Training. My Desired Start Date (required): _____

Check One:

- Diploma of Professional Counselling (one-year on campus)
- Diploma of Professional Counselling (one-year distant education)
- Addictions Worker Certificate (24 weeks on campus)
- Addictions Worker Certificate (24 weeks distance education)
- Youth & Family Support Worker Certificate (24 weeks on campus)
- Youth & Family Support Worker Certificate (24 weeks distance education)
- Career Exploration & Development Skills Certificate (18 weeks on campus)
- Career Exploration & Development Skills Certificate (18 weeks distance education)

(Please Print)

Name: _____

Date of Birth: _____ Social Insurance Number: _____

Funding Source: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____ Work: () _____ Other: () _____

Fax: () _____ E-mail: _____

Current Occupation (as applicable): _____

Please complete the questionnaire as thoroughly as possible. Although some questions may appear to be repetitive, please reply to each one, giving clear, to-the-point responses. If you are reluctant, for any reason to answer any question, please contact the Admissions Department.

General Information

1. What is your age?
 18-25 26-35 36-50 51-65 over 65
2. Gender: Male Female

Counselling Career Aptitude

1. What is your reason for wanting to pursue counsellor training?
2. What in your view are some important personal qualities of an effective counsellor?
3. Say briefly how you believe the family of origin influences the kinds of relationships a person has as an adult?
4. What life experiences have you had that will help you to be an effective counsellor?
5. What life experiences have you had that might interfere with being an effective counsellor?
6. How do you rate your written skills at this point? Please comment.
7. Are you an active participant in groups, not so active, usually silent?
8. Are you aware of how your participation affects others in a group? Explain.
9. Would you describe your personality as laid back or outspoken?

10. How would you describe your role in the family you grew up in?

11. What may be your greatest obstacle(s) to becoming an effective counsellor?

12. How would you describe your degree of interest in pursuing counsellor training?

Somewhat Very Extremely

Explain.

13. What kinds of problems and what kinds of people would you prefer to help in counselling?

14. What kinds of problems and what kinds of people would you not prefer to help in counselling?

15. Have you found that people tend to come to you to talk about their situation or problems? If so, what is it about you that explains this?

16. Do you believe that a professional counsellor should be involved in his or her own process of personal growth and healing? Explain.

17. How open are you to exploring your own life experiences, strengths, and struggles with other people as a part of your training?

Very Somewhat Not very much

Please comment.

18. Have you ever had serious thoughts of suicide? Attempted suicide?

19. Have you ever been prescribed medication for depression or other emotional difficulty?

20. Are you currently involved in any form of psychological treatment? Describe.

21. How do you handle strong criticism and conflict?

22. What support systems will you have for your personal struggles, feelings, needs or issues that may occur during your studies? If so, is it enough?

23. How confident are you in your ability to read course materials and to take notes in class?

24. How confident are you in your ability to understand spoken and written English? To express yourself in spoken and written English?

25. What aspects of your personal background do you consider relevant to your future counsellor training?

26. Rate the importance of the following goals for you:

a) To learn counselling concepts and skills

0 +-----+ 10

b) To develop a successful career as a counsellor

0 +-----+ 10

c) To pursue opportunities for personal growth and development

0 +-----+ 10

27. Give examples of counselling employment you hope to obtain in the future, including any desired specializations, career outcomes (e.g. establishing a recovery program, service agency or private practice).

28. Have you had a criminal charge against you? If so, please give details.

29. Have you ever been hospitalized or treated for any psychiatric disorder? Please specify and include a summary of the outcome, current status and your attitude towards these.

30. Are you currently affected by alcohol and drug abuse? Are you now or have you ever been in recovery from alcohol and drug abuse, and if so, for how long?

31. In the past, have you experienced any personal trauma or difficulties? Please specify and include a summary of the outcome, current status and your attitude towards these.

32. Has any of the following happened to you **in the past year**?

Divorce

yes / no _____

Death in the family yes / no _____

Loss of job/income yes / no _____

Illness yes / no _____

Other personal trauma or difficulty yes / no Please specify: _____

33. Are you aware of any personal characteristics or difficulties that may make pursuing counsellor training difficult for you at this time?
Please elaborate.

34. Do you have the self-discipline required to complete assignments, especially if you are considering correspondence study?

35. Are you committed to fulfillment of course requirements including full attendance, completion of assignments (campus students), and completion of all correspondence course assignments?

Yes No

36. Are you committed to finishing the program?

37. If you experience significant personal difficulty during your training, for example, suicidal ideas, personal stress and/or substance abuse, you accept that you will be required to discuss with your Faculty Advisor or other experienced counsellor, how this may affect your ability to continue in the program.

Yes No

38. List any degrees, diplomas, certificates or educational programs and describe their relevance to you and to future counsellor training:

	Place	Year	Description
University Degree(s):			
Diploma(s):			
Certificate(s):			
Other Educational Program(s):			
Highschool:			

39. What types of employment have you had in the past? List your employers starting with the most recent include your position or title, location of employer and date of employment. Please describe for each employer how satisfying the employment was or was not for you and why?

Your signature is required below. Please ensure your name, address and telephone number has been provided on the first page of this application.

Signature: _____ Date: _____

Upon receiving your application, references may be requested.