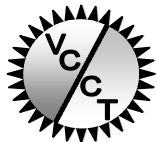


Vancouver College of Counsellor Training

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

Vancouver Tel: (604) 683-2442 • Fax: (604) 688-9001
Victoria Tel: (250) 385-8945 • Fax: (250) 385-8944

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)
 Family Support Worker Certificate (24 weeks on campus)
 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): _____

© 2007 (revised), VCCT Vancouver College of Counsellor Training. All rights reserved.

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?

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.