## 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 6<sup>th</sup> 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.

Б.	
Date: _	
☐ I aı Tra	(Required) a completing the <b>Application Form</b> for a "Letter of Acceptance" for admission to the Vancouver College of Counsellor ining.  Desired Start Date (required):
Check	One:
☐ Dij	loma of Professional Counselling (one-year on campus)
☐ Dij	loma of Professional Counselling (one-year distant education)
	lictions Worker Certificate (24 weeks on campus)
	lictions Worker Certificate (24 weeks distance education)
	nily Support Worker Certificate (24 weeks on campus)
	nily Support Worker Certificate (24 weeks distance education)
	eer Exploration & Development Skills Certificate (18 weeks on campus) eer Exploration & Development Skills Certificate (18 weeks distance education)
_	(Please Print)
Name:	
	Birth:Social Insurance Number:
Funding	Source:
City:	Province:Postal Code:
Telepho	ne: ( )Work: ( )Other: ( )
Fax: (	)E-mail:
Current	Occupation (as applicable):

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

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 ☐ 18-25		□ 26-35		□ 36-50	□ 51-65	□ over 65
2.	Gender:		Male	□ F	Gemale		
Cou	unselling Ca	reer	Aptitude				
1.	What is your	reaso	n for wanting	g to pu	rsue counsellor tra	nining?	
2.	What in your	view	are some imp	portan	t personal qualities	s of an effective co	unsellor?
3.	Say briefly ho	ow yo	u believe the	famil	y of origin influen	ces the kinds of rel	ationships a person has as an adult?
4.	What life exp	erien	ces have you	had tl	nat will help you to	be an effective co	unsellor?
5.	What life exp	erien	ces have you	had tl	nat might interfere	with being an effec	ctive counsellor?
6.	How do you	rate y	our written sk	tills at	this point? Please	comment.	
7.	Are you an ac	ctive p	participant in	group	os, not so active, us	sually silent?	
8.	Are you awar	e of h	now your part	icipat	ion affects others i	n 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? $\square$ Very $\square$ Somewhat $\square$ 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  b) To develop a successful career as a counsellor  c) To pursue opportunities for personal growth and development	0	+ + + + + +		
27.	Give examples of counselling employment you hope to obtain in the outcomes (e.g. establishing a recovery program, service agency or program).			ed specializations, career	
28.	Have you had a criminal charge against you? If so, please give details	S.			
29.	Have you ever been hospitalized or treated for any psychiatric disord current status and your attitude towards these.	er? Plo	ease specify and incl	ude a summary of the outcome	··•,
30.	Are you currently affected by alcohol and drug abuse? Are you now abuse, and if so, for how long?	or hav	ve you ever been in re	covery from alcohol and drug	
31.	In the past, have you experienced any personal trauma or difficulties current status and your attitude towards these.	? Pleas	se specify and includ	e a summary of the outcome,	

	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 character time? Please elaborate.	istics or dif	fficulties that may make pursuing counsellor training difficult for you at t	his
34.	Do you have the self-discipline required	to complet	te assignments, especially if you are considering correspondence study?	
35.	Are you committed to fulfillment of courstudents), and completion of all corresponding Yes □ No		ments including full attendance, completion of assignments (campus urse assignments?	
36.	Are you committed to finishing the progr	ram?		
37.		l be require	ring your training, for example, suicidal ideas, personal stress and/or ed to discuss with your Faculty Advisor or other experienced counsellor, program.	

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

38. List any de training:	egrees, diplomas, certificates or educational pr	ograms and describe their releva	nce to you and to future counsellor
	Place	Year	Description
University Deg	gree(s):		
Diploma(s):			
Certificate(s):			
Other Education	onal Program(s):		
Highschool:			
or title, lo	es of employment have you had in the past? List cation of employer and date of employment. Plus not for you and why?	t your employers starting with the ease describe for each employer	ne most recent include your position how satisfying the employment
	cure is <u>required</u> below. Please ensure y	your name, address and te	lephone number has been
•	r o rr		
Signature: _		Date:	

Upon receiving your application, references may be requested.