

## Information for Counselling Skills Courses

### Important details

Counselling Skills courses can be challenging for those who are currently undergoing psychological treatment, or who themselves have attended counselling, or faced a serious emotional issue in the last 6 months. Students who wish to discuss any concerns should e-mail [counsellingskills@abdn.ac.uk](mailto:counsellingskills@abdn.ac.uk) to make an appointment before applying.

Counselling Skills courses are accredited by the University of Aberdeen and have been **mapped to the BACP Framework for Counselling Skills courses**.

Class sizes are capped at 15 to allow for experiential learning. Students will be provided with an alternative time if their preferred option is full or not available. No class changes will be made after week 2 of teaching.

### Recording of Skills Practice

The Counselling Skills Certificate Course run by the University of Aberdeen requires you, as part of the course to participate in skills practice. You will take part in these sessions in the role of speaker listener and observer. You will need to make a video recording of these sessions. However, before you may take part in these sessions, the University requires that you agree to the following conditions of participation:

1. You acknowledge that your participation in the skills practice sessions as a speaker may require or result in the disclosure of private or personal details.
2. You agree not to copy the video recording either in whole or in part. You agree not to distribute the video recording (or any part of it) in any form, including in the form of transcriptions, quotations, or digital downloads except for the purposes of the course assessment.
3. You agree that all information disclosed during skills practice sessions, including all inferences or deductions made by subsequent review or analysis, are strictly confidential. You agree that, unless you have first obtained the express, written permission of both the speaker and the University, you will not:
  - disclose such information to any third party; or
  - view the video recording in the presence of any person not present at that session.
4. You acknowledge that you owe the University and the other participants of skills practice sessions a duty to maintain the confidentiality of information disclosed at such sessions. You agree that this duty may be enforced by the University or by any person who suffers loss or harm (whether economic or otherwise) as a consequence of your breach of that duty, irrespective of whether the breach is deliberate or negligent.
5. You acknowledge that, if you breach any of these conditions of participation, the University has the right to take disciplinary proceedings against you. In particular, you acknowledge that the University may refuse to award you a Counselling Skills Certificate (or any other academic qualification for which you are reading). You further acknowledge that the University may take legal action against you to recover any losses, damages, awards, costs (including legal costs) or expenses incurred by the University that arise from or are connected with your breach of these conditions.
6. You agree that, except in the case of death or personal injury, the University will have no liability to you for losses, damages, or harm of any form (whether economic or otherwise) arising from or in connection with your participation in skills practice sessions and the use of video recording equipment.

*These conditions of participation form a legally binding agreement between you, and the University and your fellow participants in the skills practice sessions. If you are uncertain of the implications, you should e-mail [counsellingskills@abdn.ac.uk](mailto:counsellingskills@abdn.ac.uk) to arrangement an appointment to speak with someone from the team.*

An additional point regarding course participation:

**There are no exceptions from engaging with the course materials and activities. Students are actively encouraged to discuss any concerns with their tutors or the Course Co-Ordinator.**

Please contact the team at [counsellingskills@abdn.ac.uk](mailto:counsellingskills@abdn.ac.uk) with any questions.

Please sign to confirm you have read and understood the above information:

**Signature:** ..... **Date**.....

**Print Name** .....



**UNIVERSITY OF  
ABERDEEN**

Please note Application forms can be sent by email to: [counsellingskills@abdn.ac.uk](mailto:counsellingskills@abdn.ac.uk) or by post to:  
**Counselling Skills Office**  
**MacRobert Building, Room 530**  
**School of Education**  
**University of Aberdeen**  
**King's College**  
**Aberdeen AB24 5UA**

**APPLICATION FORM FOR SCHOOL OF EDUCATION UG COUNSELLING COURSES**

<b>Applicant Ref No</b> (will be allocated by the University)	<b>Date Received</b> (entered by the University)

**THE DEADLINE FOR THE RECEIPT OF APPLICATIONS IS MONDAY 8 AUGUST 2022**

Section 1		Name Details (BLOCK Letters Please)	
Surname/Family Name			
Forename 1			
Forename 2			
Title: (Miss/Ms/Mrs/Mr/Dr)		Date of Birth (DD/MM/YYYY)	
Previous Name (if applicable)			
Section 2		Courses to which Application is being made	
(Please enter a cross in the appropriate course choice boxes below)			
Two Year	<b>TWO YEAR COURSE</b> (Two hours per week in class)	One Year	<b>ONE YEAR VARIANT COURSE</b> (Four hours per week in class)
	CO101A Introduction to Listening Skills 1		CO101C Introduction to Listening Skills and Theoretical Approaches 1
	CO151A Introduction to Listening Skills 2: Theoretical Approaches		CO101C Introduction to Listening Skills and Theoretical Approaches 2
	CO201A Introduction to Listening Skills 3: Applications and Issues		CO201C Introduction to Listening Skills 3: Applications, Self-care, and Support
	CO251A Introduction to Listening Skills 4: Self-care, Support and Supervision		CO251C Introduction to Listening Skills 4: Self-care and Support and Supervision
<b>Intended Source of Funding:</b>			
Is your funding already guaranteed?		YES	No
Are you applying for a SAAS part-time fee grant		YES	No
Section 3		Address Details (BLOCK Letters Please)	
<b>Contact Address (for correspondence)</b>			
Address Line 1			
Address Line 2			
Country			
Postcode			
Telephone Number (With country and area code)		Day	Evening
E-Mail address (please enter carefully):			

Section 4 Educational (Higher and Further) and Other Relevant Qualifications (BLOCK Letters)			
Please list below, in chronological order, you're educational, professional, and other relevant qualifications for entry including those you hope to obtain. Include College and University Programmes. Please enclose a transcript of your main degree qualification(s) (translated into English where appropriate).			
Qualification Title, Subject and Level (e.g. BSc Biology, MBBS)	University/College of Study (if not UK, please state which country)	Result or Grade	Date of Award or Anticipated Award (Month/Year)
Section 5 Employment History (BLOCK Letters Please)			
Please enter periods of employment or research experience in chronological order, with most recent at the top			
Date From (Month/Year)	Date To (Month/Year)	Employer (if not UK, please state which country)	Title and Description of Post held

Section 6 English Language Proficiency, please provide evidence if your first language ('mother tongue') is not English
You will find further information on English Language Proficiency on our website: <a href="http://www.abdn.ac.uk/study/international/undergraduate-degrees-english-requirements-268.php">http://www.abdn.ac.uk/study/international/undergraduate-degrees-english-requirements-268.php</a>

Section 7 Personal Details (BLOCK Letters Please)				
<i>Insert an 'X' in the relevant boxes below</i>				
<b>Have you previously studied in UK Higher Education?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>		<b>No</b>	
<b>If yes, please enter HESA Student Identifier:</b>				
<b>Have you been a student in this University before?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>		<b>No</b>	
<b>If yes, please give your Student Identification number, if known</b>				
<b>If yes, please state most recent University of Aberdeen Programme</b>				
<b>Have you previously been refused admission to study, or continuation of study, other than on academic grounds?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>		<b>No</b>	

Section 8 Residential Entry Category	
<b>Permanent Domicile – Country (if not in UK); Local Authority (if within UK):</b>	
<b>Country of Birth:</b>	
<b>Nationality:</b>	

*Insert an 'X' in the relevant box below*

(A) UK /EU National, resident in the European Economic Area (EEA)

(B) Settled in the UK

(C) Refugee Status

(D) EEA or Swiss National

(G) UK/EU Outside EEA

(H) Child of a Turkish Worker

(J) Humanitarian Protection or similar

(O) Other

**If not British or European Union National, date of most recent entry to the UK**

**If support is required because of the above, please give brief details**

Section 9 Disabilities ( <i>Insert an 'X' in the relevant boxes below</i> )			
No known Disability	<input type="checkbox"/>	Blind/Partially Sighted	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Wheelchair User/Mobility Difficulties	<input type="checkbox"/>
Deaf/Hearing Impairment	<input type="checkbox"/>	Mental Health Difficulties	<input type="checkbox"/>
Personal Care Support	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>
Unseen Disabilities, e.g., Diabetes	<input type="checkbox"/>	Autistic Spectrum Disorder or Asperger Syndrome	<input type="checkbox"/>
If you have a disability not listed above, please give brief details			
If support is required because of the above, please give brief details			
If you are a UK undergraduate, are you in receipt of Disabled Students Allowance? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Section 10****Referee Details (BLOCK Letters Please)**

Please provide a reference **with your** application form. Your referee cannot be a family member but someone who can comment on your suitability to study on this course. Please make the reference relevant and current for this course. **Applicants are responsible for ensuring that the reference is provided. Failure to do so will result in the school being unable to process your application.** A referee form is below for you to send to your potential referee.

	<b>Referee</b>
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<b>Programme of Study:</b>	
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<b>Applicant's name:</b>	
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*We would be grateful if you could provide a reference for the above-named applicant. Please comment on the applicant's academic and general abilities to undertake the proposed Programme of study **using this form only***

<b>Name of referee:</b>	
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<b>Your relationship to applicant:</b>	
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<b>Post/Occupation/Relationship</b>	
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<b>Address</b>	
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<b>Address</b>	
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<b>Telephone Number</b>	
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<b>Email address</b>	
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<b>How long have you known the applicant in this capacity?</b>	
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**Please comment on the applicant's academic ability; interpersonal Skills and motivation for study**

**Please comment on the applicant's counselling skills or their potential to form helping relationships:**

**Please comment on the applicant's interactions with others (i.e., fellow students and tutors for academic references)**

Please comment on the applicant's character and personal qualities relevant to this Programme.

	Excellent	Good	Fair	Poor
Responsibility and reliability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional literacy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal maturity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the applicant's capacity for fluent and logical Communication

	Excellent	Good	Fair	Poor
Oral:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state why you think this applicant is suitable to study this Programme noting any concerns you may have:

Referee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the Application form and one reference **by e-mail only** to: [counsellingskills@abdn.ac.uk](mailto:counsellingskills@abdn.ac.uk)

Section 11 How did you hear about this Programme? (Insert an 'X' in the relevant box below)					
1. University Prospectus		6. University Visit to your Institution		11. Academic Department	
2. WWW		7. Aberdeen International Officer		12. Your own teaching staff	
3. Higher Education Convention or Fair		8. Family/Friends		13. Other (please specify):	
4. British Council		9. Open Day			
5. Your own School		10. Newspaper/Journal (please specify):			

**Section 12****Personal Statement**

*Please enter below a personal statement by yourself which could include details of your aptitude for study; details of any relevant practical experience, responsibilities, study abroad; outside interests; reasons for wishing to study at the University of Aberdeen; where appropriate, reasons for wishing to visit the UK etc.*

*Please continue a separate sheet if necessary.*

**Declaration**

I certify that the information given in this application is correct and complete. If I am admitted to the University, I undertake to observe the University's Regulations and to ensure payment of tuition fees and other financial liabilities to the University. I agree that the University of Aberdeen may process personal data contained in this form, or other data which the University may obtain from me or other people whilst I am an applicant and student, for any purposes connected with my application or for any other legitimate reason.

**Signature of Applicant:****Date:**

**Thank you for completing this form.**

Please return by e-mail to [counsellingskills@abdn.ac.uk](mailto:counsellingskills@abdn.ac.uk); or post to Counselling Skills, MacRobert Building, Room 530, University of Aberdeen, King's College, Aberdeen, AB24 5UA, Scotland, UK

*Enquiries: Telephone: +44 (0)1224 274830 (no phones available yet)*

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Section 13

ADDITIONAL STATISTICAL DATA QUESTIONNAIRE

The information on this page is required for statistical purposes only and will not be made available to staff considering the application for admission. Please tick the appropriate boxes.

Gender Male  Female   
Marital Status Married  Single  Divorced

Ethnicity (Please insert a X in the appropriate box)			
<b>White</b>	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>
	Scottish <input type="checkbox"/>	Welsh <input type="checkbox"/>	Other White Background <input type="checkbox"/>
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<b>Black or Black British</b>	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Other Black Background <input type="checkbox"/>
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<b>Asian or Asian British</b>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
	Chinese <input type="checkbox"/>		Other Asian Background <input type="checkbox"/>
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<b>Mixed</b>	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>
	Other Mixed Background <input type="checkbox"/>		
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<b>Other Ethnic Background</b>	<input type="checkbox"/>		

Special Student Status (Please insert a X in the appropriate box)	
Entered HE via Scottish Wider Access Programme <input type="checkbox"/>	Entered HE via another Access Programme <input type="checkbox"/>
Incoming SOCRATES-ERASMUS Student (Institutional Contract) <input type="checkbox"/>	Other Incoming Exchange or Visiting Student <input type="checkbox"/>
Not Applicable <input type="checkbox"/>	

<b>Are you a first-generation student to go to University?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
(If you are the first person in your household to go to University, please insert a cross in the Yes box)