**APPLICATION FORM**

**for**

**Person Centred Experiential Counselling for Depression (PCE-CfD) counsellor training**

**Trainee PCE-CfD Counsellor Person Specification**

|  |  |
| --- | --- |
| **Essential** | **Desirable** |
| **Qualifications and professional status** | |
| Diploma in person centred or humanistic counselling or psychotherapy | Postgraduate qualification in humanistic or person centred counselling or psychotherapy |
| BACP Counsellor/Psychotherapy accreditation or equivalent |  |
|  | Qualification to provide clinical supervision to counsellors and psychotherapists (e.g Certificate or Diploma in Supervision) |
|  | |
| **Experience** | |
| Minimum two years post qualifying experience to providing brief counselling to clients with common mental health problems, particularly depression | Experience of providing clinical supervision to counsellors and psychotherapists in organisational settings |
|  | |
| **Other** | |
| Opportunity to undertake 80 hours of client practice with depressed clients | Not specified |
| Support of Line Manager to participate |
| Support of Supervisor to participate |
| Support of SHA/Commissioner to participate |

**For full details of PCE-CfD counsellor training, please follow this link:**

<https://www.hee.nhs.uk/our-work/mental-health/improving-access-psychological-therapies>

**Person Centred Experiential Counselling for Depression (PCE-CfD) counsellor training**

**CPD Training Programme Application**

**Part A** **Your details**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Ms, other): | |
|  | | |
| First name(s): | | |
|  | | |
| Surname: | | |
|  | | |
| Job Title: | | |
|  | | |
| Work address & postcode: | | |
|  | | |
| Home address & postcode | | |
|  | | |
| Which is your preferred contact address, work or home? | | | |
|  | | | |
| Daytime phone number: | Mobile number: | | |
|  | | | |
| E-mail address: | | | |
|  | | | |
| May we contact you by e-mail? | | | |
|  | | | |
| May we circulate this e-mail address to other training participants? | | | |
| Payment of Fees  Please indicate who will pay your fees by ticking the relevant box below:  You  Employer  Manager’s name: Manager’s signature:  Manager’s email address: Manager’s contact number:  Company name: | | | |
|  | | | |

How would you like your name to appear on any official letters and/or certificates?

(For example, William Smith, W Alan Smith, and WA Smith)

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| Personal requirements for training course attendance and participation: |
| Accessibility: |
| Visual/Auditory impairment: |
| Other requirement: |
|  |

**Part B Qualifications and professional status**

Please pay particular attention to meeting the **essential criteria** **no acronyms please**

|  |  |
| --- | --- |
| Full title of qualification |  |
| Place of study |  |
| Qualification date |  |
| Modality/orientation  (if integrative, give orientations integrated) |  |

|  |  |
| --- | --- |
| Full title of qualification |  |
| Place of study |  |
| Qualification date |  |
| Modality/orientation  (if integrative, give orientations integrated) |  |

|  |  |
| --- | --- |
| Full title of qualification |  |
| Place of study |  |
| Qualification date |  |
| Modality/orientation  (if integrative, give orientations integrated) |  |

|  |  |
| --- | --- |
| Full title of qualification |  |
| Place of study |  |
| Qualification date |  |
| Modality/orientation  (if integrative, give orientations integrated) |  |

*Insert additional copy of table/ sheet if necessary*

|  |  |
| --- | --- |
| I am accredited/registered with: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **(Please provide your membership number)**  **Part C** **Work history** - please pay particular attention to meeting the **essential criteria** | | | |
| Start date | End date | Employer | Job/role |
|  |  |  |  |
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**Part D Supporting statement**

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| --- |
| Please provide a brief example showing us how you work in a person centred/experiential way with a client suffering from depression. Please do not submit more than **1000 words** in total.  Your supervisor should read your work, to enable them to complete their statement. |
|  |

**Part E Returning your application**

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| **Next Steps:** |
| Discuss this application with your line manager and supervisor.  *Please remember to obtain permission from your employer to attend supervision and discuss your PCE-CfD client work in the sessions. Please also ensure that you obtain your employer’s permission to record selected client material and subsequently release it for assessment.* |
| Give your line manager and supervisor the appropriate enclosed statement and arrange for each completed statement to be included with your fully completed application. |
| Copy any training certificates that you are sending to us to support your application (these are the courses you told us about in Part B) |
| Please keep a copy of this application for your own records. |

**Please now sign and date this form and return it with the necessary supporting statements according to the instructions received in your accompanying correspondence.**

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| --- | --- | --- | --- | --- |
| **Signature** |  | **Print name** |  | **Date signed** |
|  |  |  |  |  |

**Please check your application and confirm before posting**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Copy of certificates included? | YES |  | NO |  |
|  |  | | | |
| Line manager’s report included? | YES |  | NO |  |
|  |  | | | |
| Supervisor’s statement included? | YES |  | NO |  |
|  |  | | | |
| Permission obtained to attend the training? | YES |  | NO |  |
|  |  | | | |
| Permission obtained to attend supervision? | YES |  | NO |  |
|  |  | | | |
| Permission obtained to record and release material? | YES |  | NO |  |

Please return completed application forms to Ahmed Kersha via email to [ahmed.kersha@metanoia.ac.uk](mailto:ahmed.kersha@metanoia.ac.uk) or via post to Ahmed Kersha Metanoia Institute 13 Gunnersbury Ave, Ealing Common, London W5 3XD.

Once accepted onto the training, we will also require you to send in a photo of yourself, preferably in JPEG format.

**Person Centred Experiential Counselling for Depression (PCE-CfD) counsellor training**

**Line Manager Information**

**PCE-CfD counsellor training requirements**

***( please read alongside the Course leaflet which gives a more comprehensive view)***

Trainee PCE-CfD counsellors attend a five-day training programme and undertake an 80 hour period of clinical practice whilst attending regular supervision with a qualified PCE-CfD supervisor. Whilst training, Counsellors are expected to offer the modality at the NICE recommended dose of up to 20 sessions. 6-10 sessions are recommended for subthreshold/mild/moderate levels of depression (PHQ9 5-15). For clients presenting with a more serious presentation, up to 20 sessions are recommended (PHQ9 15+)

Selected sessions from the practice period are audio-recorded, anonymised and submitted for assessment for assessment of adherence to the Person Centred Experiential Counselling for Depression Scale. Submissions may be on CD, DVD, USB memory stick, encrypted audio file and can be encrypted in accordance with employer policy. Marks and feedback will then be made available to the trainee for reflection and use in supervision. At least two of the cases submitted should be from the later stages of the therapy.

Course participants have up to 2 years to complete their training.

Therefore, it is therefore essential that:

1. The applicant’s release for supervision as specified with a Metanoia approved PCE-CfD supervisor is permitted and that all PCE-CfD client material from the practice period may be presented. This should be arranged and agreed in advance of the application form being submitted for selection. Trainees who fail to fulfil the requirements for PCE-CfD supervision will be withdrawn from the training. Applicants should be able to suspend any supervision contracts that will prevent then meeting the requirements of their PCE-CfD supervision contractual obligations.

2. The applicant is permitted to record suitable PCE-CfD client material for supervision and submit it (once anonymised) for assessment. Agreements should be in place before the application form is submitted for selection. Trainees who are unable to meet the recording and/or supervision requirements will be withdrawn from the training.

**Future possibilities successful PCE-CfD counsellor trainees**

Qualified PCE-CfD counsellors are eligible to apply for PCE-CfD supervisor training. Supervisor trainees complete a two-day training and are then required to complete a short period of assessed practice.  During this time they may also provide PCE-CfD within their service.  This will require liaison across services, with supervisor trainees supervising cases outside of their own service.

PCE-CfD counsellor training may also be used when applying for the following:

* BACP Counsellor/Psychotherapist Accreditation
* Renewal of BACP counsellor/psychotherapist accreditation (CPD requirement).
* BACP Senior Accreditation (Healthcare), for accredited BACP counsellors/psychotherapists who practice in a Healthcare setting

**Person Centred Experiential Counselling for Depression (PCE-CfD) counsellor training**

**Line Manager Statement**

Please complete, sign and date this statement

|  |  |
| --- | --- |
| Name of applicant: |  |

The above applicant has submitted an application for CPD training as part of the national programme of PCE-CfD for IAPT services.

**I understand all the requirements and implications of this application going forward for PCE-CfD counsellor training as described above and I agree to proactively support the applicant as appropriate (if selected for the training).**

**Specifically:**

* **I agree to the applicant’s release for attendance of the five-day training**
* **I agree to proactively support the applicant’s access to suitable PCE-CfD client work and their release, with the client material, for PCE-CfD supervision purposes.**
* **I agree to proactively support the applicant’s recording of suitable PCE-CfD client work and the release of selected anonymised recorded sessions for assessment purposes.**
* **I agree to granting permission to the applicant to work at the NICE recommended dose of PCE-CfD of up to 10 sessions for clients presenting up to 15 on the PHQ9 and up to 20 sessions for those presenting 15 + on the PHQ9.**
* **I am happy to be contacted by the course at the conclusion of the assessed practice period and to provide feedback on the impact of the training on the participant’s practice.**

**Please sign and date this statement**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
|  |  | | |
| Job title |  | | |
|  |  | | |
| Employing organisation |  | | |
|  |  | | |
| Work address |  | | |
| Email address |  | | |
| Contact telephone number |  | | |
| Signature |  | Date |  |

**Person Centred Experiential Counselling for Depression (PCE-CfD) counsellor training**

**Supervisor Statement**

Please complete, sign and date this statement

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| --- |
| Name of applicant: |

The above has submitted an application for PCE-CfD counsellor training as part of the national training programme in IAPT.  Please provide a statement commenting on his/her suitability as a candidate for training. Your statement should reflect current and recent practice. The applicant has been asked to share their supporting statement with you as part of the application process.

PCE-CfD training requires that trainees have demonstrated competence in delivering psychological therapy as a treatment for depression.  It is a requirement that the therapist has two years post qualification experience.

Please comment on:

|  |
| --- |
| General competence in delivering person centred/experiential therapy. |
|  |

|  |
| --- |
| How the applicant demonstrates an aptitude for working within a person-centred/experiential framework in a time limited environment. |
|  |
|  |
| How the applicant demonstrates ability and experience of working with people with depression. |
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| **I hereby confirm that:** | |
| I am in support of this application |  |
|  | |
| I have seen the applicant’s supporting statement. |  |
|  | |
| The example(s) used are typical of the applicant’s work |  |
|  | |
| I understand that I may be contacted as part of the trainee selection process. |  |

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| --- | --- | --- | --- |
| Name |  | | |
|  |  | | |
| Job title |  | | |
|  |  | | |
| Professional qualification: |  | | |
|  | | | |
| Employing organisation |  | | |
|  |  | | |
| Work address |  | | |
|  |  | | |
| Signature |  | Date |  |

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