



Caribbean Nazarene College

APPLICATION FOR ADMISSION MASTER OF ARTS IN COUSSELLING

FOR OFFICE USE

Date Received: _____ Date Response sent: _____

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I. PERSONAL INFORMATION *(please type or print)*

Name _____
(Last) (First) (Middle/Maiden)

Present Address _____

Mailing Address *(if different from above)* _____

Tel# (Day) _____ (Evening) _____ (Fax) _____

Email _____ Fax# _____

Date of Birth _____ Country of Birth _____ Male Female

Citizenship _____ Country of Residence _____ Age _____

Marital Status: Single Engaged Married Separated Divorced Widowed

Religious Affiliation _____



II. EDUCATIONAL INFORMATION

List all **tertiary-level** schools attended

School & Address	Dates Attended	Diploma/Degrees granted*	Date Awarded

(*Please have official transcripts of all schools attended beyond Secondary School forwarded to the College. Your application cannot be processed until this material is received)

- Have you applied to CNC previously? _____ When? _____
- Who or what influenced your decision to apply to CNC? _____

- How did you hear about this programme?

Television Radio Newspaper Website Social Network Flyer
Referral Pastor/District Superintendent Other

- Have you been dismissed or denied admission by any other college? _____ If yes, please include explanation on separate sheet.
- Are you transferring from another college? _____ if yes, you will need to attach a statement of explanation and purpose for the proposed transfer. In addition, you must have a letter from the current institution indicating “student in good standing” status.
- When do you plan to start the programme? _____

Do you need on-campus accommodation during each module?

No Halls of Residence Married Student Housing



EMPHASES

Please indicate your area of Emphasis:

- Addiction Counselling
- Forensic Counselling
- Marriage & Family Therapy
- Mediation Studies
- School Guidance Counselling
- Trauma & Crisis Interventions

III. ACADEMIC HISTORY *(please attach a resume if available)*

Present occupation: _____ Employer and dates: _____

Previous Training/Work Experience in the area of psychology/counselling _____

IV. FINANCIAL RESOURCES

How do you expect to finance your studies? _____

Is there anyone dependent on you for support? _____

I hereby declare that all information presented in this application is accurate and complete and I consider it my responsibility to adhere to the rules, guidelines and doctrinal statement of the College with all diligence.

Signature _____ Date _____

Please submit with this completed application form:

- An application fee of US\$20.00 (TT\$120.00)
- Typewritten answers of at least one page each (single space) to the following questions:
 - a. What are some life events which may have influenced your decision to pursue profession in counseling.
 - b. What is your perspective of counseling as a profession?
 - c. What is your perspective of counseling in terms of your own spirituality?
 - d. How do you hope to use this training?

Two (2) recent passport size photographs.

Kindly note the following:

- The recommendation from a “Professional” is to be completed by a duly qualified individual who knows you personally.
- On page five (5) of the Master’s Catalogue under the head “Required Professional Counselling,” item a) requires a minimum of three (3) sessions with a Counsellor. These sessions are to be done with an individual who does not know you personally. The Counsellor must then mail a typewritten report to:

**Campus Counsellor
Caribbean Nazarene College
P.O. Box 3781, Cantaro, Upper Santa Cruz,
Trinidad, West Indies**

- Also on page five (5), the completion of Individual Psychological Evaluation and therapy before the commencement of the Internship. This will be done utilizing the 16 PF® Fifth Edition Personality Test Questionnaires online. (Students are required to consult the Dean of Post-Graduate Studies for information concerning the taking of the test).*
- Have the institution where you completed your Bachelor’s degree, send CNC an official transcript on your behalf to the address below.

If you have any questions, please contact:

**The Dean of Post Graduate Studies
P.O. Box 3781, Cantaro, Upper Santa Cruz,
Trinidad, West Indies
Tel: 1-868-676-8714 ext 247
Email: cncpostgrad@tstt.net.tt**

Or

**The Enrollment Management Department,
P.O. Box 3781, Cantaro, Upper Santa Cruz,
Trinidad, West Indies
Tel: 1-868-676-6586
Fax: 1-868-676-2092
Email: cncadmissions@tstt.net.tt/cncadmissionsofficer@gmail.com**

