

THE SHERWOOD PSYCHOTHERAPY TRAINING INSTITUTE

Thiskney House, 2 St James Terrace, Nottingham, NG1 6FW, UK

Telephone: +44 (0) 115 844 7904 Fax: +44 (0) 115 924 2738

Email: enquiries@spti.net www.spti.net

APPLICATION FORM for (please tick appropriate boxes):

- Foundation Access course
 BSc (Hons) in Counselling & Psychotherapy (BACP accredited)
 MSc in Integrative Psychotherapy & Counselling Diploma in Clinical Supervision
 MSc in Gestalt Psychotherapy & Counselling MSc in Clinical Supervision
 MSc in Person-Centred Psychotherapy & Counselling

PERSONAL INFORMATION

Name:	Date of Birth: ____/____/____
Address:	
Post Code:	
Telephone:	Email:
Mobile:	

Where did you hear about us?

PROFESSIONAL QUALIFICATIONS

	Dates

EDUCATION

School/College/University	Examinations Passed	Dates

PROFESSIONAL EXPERIENCE

Employer	Nature of Work	Paid/Voluntary	Dates

OTHER EXPERIENCE

	Dates

Have you received counselling or psychotherapy?

YES / NO

If YES, please give details:

PERSONAL STATEMENT

For what reasons do you wish to undertake this psychotherapy training?
Describe your personal strengths and attributes which you believe will help you to be a psychotherapist.

(use separate sheet if necessary)

REFEREES

You will need two referees, one of whom has known you for at least two years in a professional capacity. Please take responsibility for forwarding two reference forms to your referees requesting them to return the completed forms direct to us.

Names and addresses of two referees and connection in which known:

1	2

EQUAL OPPORTUNITIES QUESTIONNAIRE

The information you provide may be stored on SPTI computers in compliance with the Data Protection Act. This information will not adversely influence your application.

I. RACE AND ETHNICITY

a) The following categories are based on advice provided by the CRE (Commission of Racial Equality). Please indicate with a tick to which category you belong:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> Indian, Pakistani, or Bangladeshi | <input type="checkbox"/> Chinese or South East Asian |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Other (please specify): |

b) If these categories seem inappropriate or inadequate to you, how would you wish to describe yourself?

II. DISABILITY

a) Do you have a disability? Yes No
Is it a mobility disability? Yes No
Is it a sensory disability? Yes No
Other? (Please specify):

b) Are you on any disability register? Yes No
If Yes Please specify:

III. HOW DO YOU DESCRIBE YOUR SEXUAL ORIENTATION?

- | | |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Unclear |
| <input type="checkbox"/> Gay/Lesbian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heterosexual | |

IV. WOULD YOU DESCRIBE YOURSELF AS A PRACTISING MEMBER OF ANY OF THE FOLLOWING RELIGIONS?

- | | |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other |

V. DO YOU FEEL DISCRIMINATED AGAINST IN THE APPLICATION PROCEDURES FOR THIS COURSE?

Yes No

If YES, in what way?

VI. ANY ADDITIONAL COMMENTS?

CRIMINAL CONVICTIONS

Have you ever been convicted, cautioned, bound over or do you have a conviction pending in any respect of any criminal offence, which is not considered spent?

YES
NO

If **YES**, please specify: date of conviction/caution/bind over conviction, court, nature of offence and sentence imposed or nature of conviction pending.

NOTE:

1. You are advised under the provision of the Rehabilitation of Offenders Act 1974, (Exceptions) Amendment Order 1986 a person should declare ALL convictions where working with children.
2. Disclosure of a conviction does not automatically debar applicants from consideration. The offence will only be taken into account if it is considered to be one that would make the applicant unsuitable for the type of training for which they have applied.
3. The information provided will be treated as strictly confidential and will be considered only in relation to this application for training.

DECLARATION

By signing below you are declaring that all the information you have provided in the completion of this application form is correct.

Signed:

Date:

Any additional comments:

Please return the completed form to:

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