**Application Guidance Notes**

Further information regarding the application process is available from our SPTI website via this link [www.spti.net/application](http://www.spti.net/application/)

Applicants are welcome to hand write or type the enclosed application form and you should ensure that all compulsory sections are completed in full and that you sign and date the declarations in the final section. Your form must be returned with your official signature. SPTI will accept an electronic paste of your signature, or you are welcome to hand sign the form. You should then submit a scanned copy of your application via email to [admissions@spti.net](mailto:admissions@spti.net) and/or print and return your completed application directly to us at: **Admissions, SPTI, 2 Castle Quay, Castle Boulevard, Nottingham, NG7 1FW**

**1. Your Personal Information**

We respect your privacy and are committed to protecting your personal data. Our privacy notice is available on our website at [www.spti.net/privacynotice](https://www.spti.net/privacynotice/). Please make sure you take the time to read and understand our privacy notice.

#### 2. Applying to a course at SPTI

Selection is via application form, references and a personal interview. To accompany your application, you will need two **Reference Request Forms** [www.spti.net/spti/wp-content/uploads/A02-Reference-Form.docx](https://www.spti.net/spti/wp-content/uploads/A02-Reference-Form.docx)

**Full Legal Name**

Your full legal name is required (including all middle names) as this is used to register you with SPTI. This name must match your official identity documentation e.g. Passport / Birth certificate. Any subsequent changes to your legal name must be evidenced by official documentation such as a marriage certificate or deed poll change of name.

**Reference Request Forms**

Forms will need to be completed by each of your two referees, and posted/emailed to Admissions. They should be submitted with the separate reference letter, produced where possible on company headed paper/the company email account. Obtaining and ensuring references are received is the responsibility of the applicant.

**Academic Certificates**

**Original copies of academic qualifications are required as part of the entry process. These should be emailed to us, we will scan them and return them back to you.**

**Application Deadlines**

Applications are processed on a first come, first served basis, therefore early applications are advised to avoid disappointment. Applicants should contact the Admissions Office in the first instance to confirm places are still available.

**Application Processing Timescales**

**W**e aim to respond to all applications within one month of receipt, if not sooner. In cases where this is not possible, applicants will be informed accordingly.

**Interviews**

For applicants selected for interview, the interviews usually last between 30-45 minutes and are usually with the Programme Leader. The nature of psychotherapy training is primarily relational and as such it is important for applicants to disclose any pre-existing relationships with SPTI staff and/or members (and other applicants where known) at the point of application and interview.  This provides the opportunity to address any potential implications at the interview stage and we aim to ensure that this does not provide an unnecessary barrier to recruitment. In cases of pre-existing relationships, adjustments may be suggested which could include an alternative entry point or in some cases an alternative programme of study. During the interview, you will be asked to confirm if you have any criminal convictions.

**Offers**

Offers are made following successful interview. Acceptances of offers are processed on a first come, first served basis. Places are secured on receipt of the required deposit and completion of the online form to formally accept the offer (the link to the form is contained within the offer email).

**Deposits**

Deposits are required to secure student places. The deposit is non-refundable and is deducted from the tuition fee amount.

**If you need any more help in making your application, please do not hesitate to** [**contact us**](file:///W:\SPTI.net\institute\contactus.shtml)**.**

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| **Section 1: Course Application** | | | | | | | | | | | | | | | |
| √ SPTI Diploma in Clinical Supervision | | | | | | | | | **Academic Year of Entry**  **√ 2023/24** | | | | | | |
|  | | | | | | |
| **Section 2: Personal Information (some information below is used to determine any dual relationship)** | | | | | | | | | | | | | | | |
| **Full Legal Name**  *(Passport/Birth Cert. name)* | | *(Please note: this name will be used for official certificates and must include all middle names)* | | | | | | | | | | | | | |
| **Informal Name** | | *(To be used for correspondence, Moodle & email account)* | | | | | | **Pronoun**  *(e.g. Dr/Mr/Mrs/Miss/Mx)* | | | |  | | | |
| **Previous names**  *(Any name changes)* | |  | | | | | | **Date of Birth** | | | |  |  | |  |
| **Address**  **Postcode** | |  | | | | | | **How do you identify your gender?** | | | | ❒ Female  ❒ Male  ❒ Non-binary  ❒ Other…………  ❒ Prefer not to say | | | |
| **Home Telephone** | |  | | | | **Mobile Telephone** | |  | | | | | | | |
| **Email address** | |  | | | | | | | | | | | | | |
| **Where did you hear about us?** | |  | | | | | | | | | | | | | |
| **Section 3: Counselling Qualifications (include any courses you have yet to complete)** | | | | | | | | | | | | | | | |
| Organisation Name,  Address & Postcode | | | Start | End | Subject | | | | | Level | | Grade | | MM/YY Passed | |
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| **Section 4: Higher Education Qualifications (Level 4 / Undergraduate and above)** | | | | | | | | | | | | | | | |
| Organisation Name,  Address & Postcode | | | Start | End | Subject | | | | | Level | | Grade | | MM/YY Passed | |
|  | | |  |  |  | | | | |  | |  | |  | |
| **Section 5: Other Qualifications (School / College / Adult)** | | | | | | | | | | | | | | | |
| Organisation Name,  Address & Postcode | | | Start  MM/YY | End  MM/YY | Subject | | | | | Level e.g. GCSE, A level, BTEC, NVQ | | Grade | | Date  Passed MM/YY | |
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| **Section 6: English Language Qualifications** | | | | | | | | | | | | | | | |
| If English is **not** your first language please provide details of your English Language qualifications If you do not a have a formal qualification, you may be required to complete an academic assignment. | | | | | | | | | | | | | | | |
| **English Language Qual.** | | | **IELTS** | | | | **TOEFL** | | | | **OTHER** *(Please specify)* | | | | |
| **Grade/Level/Score** | | |  | | | |  | | | |  | | | | |
| **Date Passed** | | |  | | | |  | | | |  | | | | |
| **Section 7: Professional Experience** | | | | | | | | | | | | | | | |
| Organisation Name  & Address | | | Nature of work | | | | | | | Paid /  Voluntary | | Date From | | Date  To | |
|  | | |  | | | | | | |  | |  | |  | |
| **Section 8: Other Experience** | | | | | | | | | | | | | | | |
| Organisation Name  & Address | | | Nature of work | | | | | | | Paid /  Voluntary | | Date From | | Date  To | |
|  | | |  | | | | | | |  | |  | |  | |
| **Section 9: Referees** | | | | | | | | | | | | | | | |
| **We require two supporting references**. **It is your responsibility to forward the Reference Request Form to your chosen referees requesting them to return the completed forms together with letters of reference directly to Admissions as soon as possible**.  The first reference should ideally be from your current/most recent employer and/or academic institution; Ideally the referee will have known you for at least two years. The second reference can be from another source. Please note that references from family members and friends are not usually acceptable. Both references should be provided on **headed paper**, be signed by the referee and returned to SPTI together with an A02 Reference Form. References should clearly state the full legal name of the applicant. | | | | | | | | | | | | | | | |
| **First Referee** | | | | | | | **Second Referee** | | | | | | | | |
| **Name** |  | | | | | | **Name** | |  | | | | | | |
| **Job Title** |  | | | | | | **Job Title** | |  | | | | | | |
| **Organisation** |  | | | | | | **Organisation** | |  | | | | | | |
| **Address** |  | | | | | | **Address** | |  | | | | | | |
| **Relationship to applicant** |  | | | | | | **Relationship to applicant** | |  | | | | | | |
| **Length of time known** |  | | | | | | **Length of time known** | |  | | | | | | |
| **Email** |  | | | | | | **Email** | |  | | | | | | |
| **Telephone** |  | | | | | | **Telephone** | |  | | | | | | |

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| **Section 10: Personal Statement** | | | |
| a) Please describe your reasons for wanting to embark on this course at this time in your life. | | | |
| b) Please describe personal strengths and attributes which you believe will assist you in relation to supervision, together with any personal limitations and/or characteristics you believe may impede you. | | | |
| c) Are you a clinical practitioner? If so, please provide details. | | | |
| d) Please detail your experience of clinical supervision, including as a supervisee and/or supervisor. | | | |
| Please confirm how many hours of clinical supervision have you received since qualification. | | |  |
| Is your present clinical supervisor aware of this application? | | | ❒ **Yes** ❒ **No** |
| Are you a member of a professional body? | ❒ **Yes** ❒ **No** | Please state: | |

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| **Section 11: Disability** | | | | | | | | | |
| Do you consider yourself to have a disability and/or learning difficulty? Please tick all that apply | | | | | | | | | |
| **No** | ❑ If no known disability, proceed to section 12 | | | | | | | | |
| **Yes** | ❑ If **yes**, please tick any of the following that apply and include further information below | | | | | | | | |
| ❑ A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D | | | | | | | | | |
| ❑ A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder | | | | | | | | | |
| ❑ A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy | | | | | | | | | |
| ❑ A mental health condition, such as depression, schizophrenia or anxiety disorder | | | | | | | | | |
| ❑ A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches | | | | | | | | | |
| ❑ Please tick if unable to use stairs | | | | | | | | | |
| ❑ You are Deaf or a have a serious hearing impairment | | | | | | | | | |
| ❑ You are Blind or have a serious visual impairment uncorrected by glasses | | | | | | | | | |
| ❑ A disability, impairment or medical condition that is not listed above. **Please provide more information below** | | | | | | | | | |
| **Further information:** | | | | | | | | | |
| Have you undertaken a formal assessment? Please tick. | | | | | | | | | |
| **Yes** | ❑ | **No** | | ❑ (This may be requested if successful at interview to support reasonable adjustments) | | | | | |
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| **Section 12: Nationality / Residency** | | | | | | | | | |
| **Country of Birth** | | |  | | | **Country of Permanent Residence** | |  | |
| **Legal Nationality** | | |  | | | | | | |
| Do you have a UK Passport?  If **no**, which country issued your passport | | | | | ❒ **Yes** ❒ **No** | | Please include copies of all passports (front as well as the photo ID page) | | |
| Do you have the **right to reside** (live) in the UK without restriction? | | | | | | | ❒ **Yes** ❒ **No** | | |
| Have you been **ordinarily resident** in the UK/EU/EEA for the **past three years** for the purpose **other than study**? If **no**, please list the countries you have lived in. | | | | | | | ❒ **Yes** ❒ **No** | | |
| **How do you intend to finance your tuition fees?** | | | | | | | | | |
| ❒ Self-Financing ❒ Employer/Sponsor ❒ Other *(provide details)* | | | | | | | | | |
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| **Section 13: Criminal Convictions**  **(Including DBS - Disclosure & Barring Service)** | | | | | | | | | |
| Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974)? | | | | | | | | | **Yes ❒ No ❒** |
| Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020? | | | | | | | | | **Yes ❒ No ❒** |
| *The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account.* | | | | | | | | | |
| *Notes:* | | | | | | | | | |
| 1. *Applicants are advised under the provision of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013 and 2020) and the Police Act 1997 that a person should declare all convictions (that are not protected) where working with vulnerable adults or children.* 2. *Disclosure of a criminal record 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.* 4. *The responsibility to disclose a criminal record rests with the applicant. Applicants who fail to disclose a conviction and whose subsequent DBS certificate reveals undisclosed convictions and cautions (which are not protected) may have their offer withdrawn, or their registration terminated.* 5. *Further information regarding the DBS requirements and process can be found at:* [*https://www.spti.net/dbs-policy/*](https://www.spti.net/dbs-policy/) | | | | | | | | | |

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| **We are committed to equality for all our applicants and are keen to hear your feedback. If you experienced any discrimination in the application procedures for this course, please provide us with details.** | |
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| **Communication and Marketing** | | |
| We may send you marketing information about SPTI courses, programmes and events. These may be similar or related to those on to which you are enrolled pursuant to this application and will be sent via email or post. For example, this may include dates for similar courses or information regarding other training and progression opportunities. | | |
| **If you agree to be contacted in this way, please tick the relevant boxes:** | | |
| I agree to be contacted by Post❒ | I agree to be contacted by Email ❒ | |
|  | | |
| **Declarations (Please sign your official signature – typed names will not be accepted)** | | |
| **By signing below:**   * **you are declaring that the information included within this application is a true and accurate record** * **You are confirming you have read and understood the Privacy Notice** <https://www.spti.net/privacynotice/> | | |
| **Signed:** | | **Date:** |