**Please either complete this form electronically and send by email or, if printed and handwritten, use a black pen and use continuation sheets where the form does not give you enough room to complete the information requested. Thank you.**

IPCS and SPTI respect your privacy and are committed to protecting your personal data. IPCS’s privacy notice is available online on the website at [www.spti.net](http://www.spti.net/)/cpd/ipcs. Our privacy notices inform you how we look after your personal data when you ask us to send you information, when you apply for our course, when you use our websites, while you are a current student and after you leave us. Our privacy notices also tell you about your privacy rights and how the law protects you. **Please make sure you take the time to read and understand our privacy notices**.

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| --- | --- | --- | --- | --- | --- | --- |
| Title |  | | Full Name |  | | |
| Address |  | | | | | |
| Postcode |  | | | | Date of Birth |  |
| Telephone |  | | | | Mobile |  |
| Email |  | | | | | |
| Please provide relevant information regarding any physical and / or learning need(s) which may require reasonable adjustment e.g. Mobility issues (unable to use stairs), Dyslexia, Hearing, Health issues etc. | | | | | | |
|  | | | | | | |
| Where did you first hear about us? | | SPTI Website  Chaplaincy website  Word of Mouth  APSE website My Diocesan website  Other (please provide info) | | | | |

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| 1 | **Current professional context** |
| Please describe briefly your main professional role, whether you currently receive or offer supervision as part of that role and, if so, what type of supervision it is (eg line management, developmental, reflective or consultative). | |
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| 2 | **Academic and professional qualifications** | | | | | |
| Please enter details of further or higher education in the table below. In addition, please describe any listening or counselling skills training which you have pursued (this may have been part of theological or other professional training or a course in its own right). | | | | | | |
| **Dates of course** | | **Training Institution** | **Subject** | | **Qualification**  **& Grade** | |
|  | |  |  | |  | |
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|  | |  |  | |  | |
| **Relevant listening/counselling skills training** | | | | | | |
| **Dates of course** | | **Training Institution** | | Course Title | | Result |
|  | |  | |  | |  |
|  | |  | |  | |  |
| **Previous professional experience** | | | | | | |
| Please describe any other professional context where supervision has featured, what type of supervision it was, and how you engaged with it. | | | | | | |
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| 3 | **Describe briefly why you want to do this course** |
| What attracts you to this course in particular and how and in what context do you envisage using the skills gained in the future? | |
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| 4 | **Do you anticipate any difficulty in completing the required practical hours outside the course?** |
| One of the course requirements is that you should consolidate your theoretical learning by receiving a minimum of 3 sessions of pastoral supervision from an appropriately qualified supervisor and offering a minimum of 2 practice supervisions. | |
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| 5 | **Are there any other circumstances (including personal circumstances) which might make pursuing a course of study of this nature difficult for you at this time?** |
| If so, please describe briefly what they are, how you anticipate they may affect your training. What structures do you have in place to help you manage them? Please note that we anticipate that, in addition to attendance at the training days, you will need to set aside around 6 hours per month to study for this certificate. | |
|  | |

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| --- | --- | --- | --- |
| Signed |  | Date |  |

Please return your completed form to:

***Collette Colver, IPCS Admissions @ SPTI***

*The Sherwood Psychotherapy Training Institute*

*Thiskney House, 2 St James’s Terrace*

*Nottingham, NG1 6FW*

Email [collette.colver@spti.net](mailto:collette.colver@spti.net)

Telephone 0115 844 7904

Website [www.spti.net](http://www.spti.net)/cpd/ipcs