

**Professional Diploma**

**in Pastoral Supervision**

Feb – July 2022

**Application Form**

*Please complete this form electronically and return by email. Otherwise, please write legibly and use additional sheets where the form does not give you enough space to include the information requested. Thank you.*

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| Title |  | Full Name |  | |
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| Address |  | | | |
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| Email |  | | | |
|  | | | | |
| Mobile |  | | | |
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| 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. | | | | |
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| Emergency Contact Name |  | | Emergency Contact number |  |
|  | | | | |
| Where did you first hear about us? *(Please click on the relevant box)* | | | | |
| SPTI Website IPCS website Chaplaincy website  APSE website My Diocesan website  Word of mouth  Other (please provide info)   |  | | --- | |  | | | | | |
| 1. **Current professional context** | | | | |
| Please describe briefly your main professional role and identify the context in which you would like to advance your knowledge and skills in pastoral supervision. | | | | |
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| 1. **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 or previous supervision training which you have pursued (this may have been part of theological or other professional training or a course in its own right). | | | |
| Date of  Course | Training Institution | Subject | Qualification |
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| 1. **Pastoral Supervision Experience** | | | | |
| Please describe the professional context in which you have been offering pastoral supervision. | | | | |
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| Please indicate the total no. of pastoral supervision hours you have **offered** to date (individual and/or group): | | | |  |
|  | | | | |
| Please indicate the total no. of pastoral supervision hours you have **received** to date (individual and/or group): | | | |  |
|  | | | | |
| Please provide the name and contact details of your own supervisor: | | | | |
| Name |  | | | |
|  | | | | |
| Address |  | | | |
|  | | | | |
| Email |  | Mobile |  | |

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| 1. **Describe briefly what motivates you to do this Diploma Course.** |
| What attracts you to this course and how do you envisage using the knowledge and skills gained in the future? |
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| 1. **Are there any circumstances (professional and/or personal) 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 and how you anticipate they may affect your training. What structures do you have in place to help you manage them? (We anticipate that, in addition to attendance at the training days and your practice and personal supervision hours, you will need to set aside approximately 10 study hours per month.) |
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*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/cpd/ipcs*](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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| --- | --- | --- | --- | --- |
| Signed  (typed or  e-signature) |  |  | Date |  |

Please return your completed form to:

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

By post: Collette Colver

(IPCS Admissions)

Sherwood Psychotherapy Training Institute

Thiskney House

2 St James Terrace

Nottingham NG1 6FW