

A03i Accreditation of Prior Learning - Application Form

If you would like previous learning to be taken into consideration for exemption from modules of the Integrative Psychotherapy – Postgraduate Programme, please complete this application form in full.

Please refer to the MSc Accreditation of Prior Learning Guidance Notes when completing this form.

SECTION A - PERSONAL DETAILS	
Title	
First Name/s	
Surname	
Address	
Post Code	
Telephone Number/s	
E-mail Address	

SECTION B - DETAILS OF PREVIOUS STUDY FOR WHICH YOU ARE CLAIMING CREDIT					
Name of Organisation with whom you studied					
Address of Organisation with whom you studied					
Qualification					
Course Title					
Number of Credits		Period of Study (e.g. 2021-22)			
Mode of Study (please tick as appropriate)	Part-time	Was the course completed	Yes	Date awarded (if course completed)	
	Full-time		No		

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Section C: APL Evidence Overview Preparatory Stage – Year 1

Please indicate whether (or not) evidence is provided in regard to the following learning outcomes and clinical requirements:

SECTION C - APL EVIDENCE OVERVIEW: PREPARATORY STAGE – Year 1		YES	NO	OFFICE USE (APPROVAL)
1	Evidence a minimum of 40 sessions of personal therapy.			
2	Work in a learning environment to foster personal and professional growth.			
3	Establish understanding of some of the major theoretical concepts which inform the theory and practice of Integrative psychotherapy.			
4	A critical understanding of the relevance of Object Relations theory to Integrative Psychotherapy.			
5	A basic understanding of the unconscious processes at work in the dynamics of relationships, between self and others and especially between client and therapist.			
6	A basic understanding of Kohut's approach to self-experience and the importance of empathy in the therapeutic relationship.			
7	A capacity for reflexivity in relation to personal and experiential material.			
8	Critically explore the ethical principles contained in the guidelines of the UKCP and the professional practice codes of SPTI.			
9	Demonstrate their capacity to critically explore the extent to which their own personal values are supported and/or challenged by the ethical and professional requirements of the UKCP and also the values inherent to the good practice of Integrative Psychotherapy, including an awareness of the impact of diversity.			
10	Demonstrate understanding of how change is theorised, facilitated and measured within Integrative Psychotherapy.			
11	Critique various theoretical concepts in order to demonstrate their understanding of the significance of emotional states in human behaviour.			
12	Illustrate a capacity to develop clinical practice informed by awareness and knowledge of factors which may facilitate or hinder the process of relating and change.			

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Section D: APL Evidence Overview Postgraduate Certificate Stage – Year 2

Please indicate whether (or not) evidence is provided in regard to the following learning outcomes and clinical requirements:

SECTION D - APL EVIDENCE OVERVIEW: PG CERTIFICATE STAGE / Year 2		YES	NO	OFFICE USE (APPROVAL)
1	Evidence a minimum of 40 sessions of personal therapy.			
2	Demonstrate a systematic knowledge and understanding of theories key to an intersubjective approach to human development and the practice of psychotherapy and clearly communicate your understanding.			
3	Demonstrate a critical awareness and evaluation of the relevance and originality in the application of a developmental perspective to the practice of Integrative Psychotherapy.			
4	Demonstrate a reflexive understanding of the key issues within your own developmental history and explore the potential impact on the therapeutic relationship.			
5	Demonstrate a systematic knowledge and understanding of the main constructs of the module.			
6	Demonstrate a critical awareness of the relevance of these constructs to Integrative Psychotherapy.			
7	Demonstrate the independent learning ability to evaluate the significance of these concepts to your development as an Integrative practitioner.			
8	Demonstrate a systematic understanding of the DSM system of diagnosis, together with an ability to identify and evaluate a range of client clinical presentations and establish suitability for psychotherapy.			
9	Demonstrate the independent learning ability required to connect knowledge and understanding of diagnosis with assessment and clinical treatment planning.			
10	Demonstrate a comprehensive understanding and critical evaluation of the differing impacts of trauma, linking this to clinical practice.			
11	Demonstrate the qualities and skills necessary for reflexivity in relation to personal and experiential material.			
12	Demonstrate comprehensive and systematic understanding of the ethical implications associated with recording clinical work and critical evaluation of your integrative practice through the review of recordings in clinical supervision.			
13	Demonstrate your critical awareness and evaluation of the relationship between personal and professional development within Integrative Psychotherapy.			
14	Identify key aspects of your own 'developmental agenda' and determine ways in which these may be addressed in order to critically review your developing professional identity.			

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APPLICATION CHECKLIST	
Before you return your application please ensure you have:	
1. Completed an online application for admission to the MSc Integrative Psychotherapy programme	
2. Included details of all previous studies that you wish to be considered	
3. Attached adequate supporting evidence within your Portfolio	
4. Checked that previous studies were taken at level 7 or above	
5. Included proof of any change of name if relevant	
Signature	Date

Please email this completed form together with supporting evidence to admissions@spti.net or post to: Admissions. SPTI, 2 Castle Quay, Castle Boulevard, Nottingham NG7 1FW

Please note that completion of this application does not guarantee Accreditation of Prior Learning.

We will be in touch about payment.

Office Use Only			
First Assessors Name		Job Title	
Signature		Date	
Second Assessors Name		Job Title	
Signature		Date	
External Examiner Approval (where applicable)		Date Received	
University Informed (Please Date & Initial)			
University Confirmation Received (Please Date & Initial)			