**Confidential**

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# Practitioner Training Application Form 2018- 2019

Tavistock Relationships

**70 Warren Street, London W1T 5PB**

**Telephone: 020 7380 8288 Email:** [**training@tavistockrelationships.ac.uk**](mailto:training@tavistockrelationships.ac.uk)

**www.tavistockrelationships.ac.uk**

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| Programme Informationplease indicate the course for which you wish to apply by ticking the appropriate box: | | | |
| **Clinical Trainings** | | | |
| CT1 | MA in Couple Psychoanalytic Psychotherapy | |  |
| CT1 | MA in Couple Psychoanalytic Psychotherapy (Entry with **Advanced Standing**) | |  |
| CT1 | Individual Clinical Programme in Couple Psychoanalytic Psychotherapy | |  |
| CT2 | PGDip/MA in Couple and Individual Psychodynamic Counselling and Psychotherapy | |  |
| CT2 | PGDip/MA in Couple and Individual Psychodynamic Counselling and Psychotherapy (Entry with **Advanced Standing**) | |  |
| T3 | Diploma in Psychosexual Therapy | |  |
| T3 | Diploma in Psychosexual Therapy (Entry with Advanced Standing – TR trained couple therapists) | |  |
| **Research Training** | | | |
| AT2 | Professional Doctorate in Couple Psychotherapy | |  |
| **Date of Entry** (e.g. September 2018) | |  | |

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| Personal Details | | | | |
| Surname |  | Forenames |  | |
| Title | Mr/Mrs/Miss/Ms/Dr/Prof | Date of Birth |  | |
| Address |  | Post Code |  | |
| Home tel. Number |  | Mobile Number |  | |
| Work tel. Number |  | Email Address |  | |
| Emergency contact name & relationship |  | Emergency contact tel. number |  | |
| Domicile Status | Home: EU/EEAInternational | Country of Birth |  | |
| Nationality |  | |
| Country of Permanent Residence |  | Have you been a UK/EU resident for the past 3 years? | Yes  No | |
| Current Occupation: |  | | | |
| English Language Proficiency | | | | |
| Is English your first language? | | | | Yes  No |
| Was English the language of instruction of other degrees you have completed? | | | | Yes  No |
| If you answered “no” to both questions above, please provide information below on which English qualifications you hold and at which level (e.g. IELTS 7.0)**.** In the case of applicants whose first language is not English, IELTS 6.5 or equivalent is required with a minimum score of 6 on ‘writing’. | | | | |

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| 1. **Education and Professional Training** | | | | | |
| **Academic Qualification**  (e.g. BA, BSc, MA, A-Level) | **Course/award title** | **Name of Awarding Institution** | **Course Duration** | **Result** | **Year of completion/ expected completion** |
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| **Other training information** Please add below any further information/comments related to training you have completed. Please include any training/modules you have attended in psychoanalytic theory. If applying for the Professional Doctorate, please include any training/modules you have attended in research. | | | | | |

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| 1. **Employment History**Please provide details of your current and previous work experience (including nature of your work) and dates of employment. Please include any voluntary work. Details of any therapy practice should be detailed in section below | | | |
| **Employer** | **Dates of employment** | **Position Held** | **Details** |
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| **Please describe any other relevant work experience (paid or voluntary) that may be relevant to your application:** | | | |
| **Does your current employer/agency support you undertaking this training?** | | | |

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| 1. **PSYCHOTHERAPY/COUNSELLING PRACTICE** Please give details of your current and previous practice. Please include number of individual, couple, relationship and psychosexual hours worked. . | | | |
| **Employer/ Self Employed** | **Dates of employment** | **Position Held** | **Details ( number of counselling and therapy hours worked and whether individual, relationship, couple, psychosexual )** |
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| Personal Therapy Please give details of any personal therapy (e.g. counselling/psychotherapy/psychoanalysis) you have had, or are having. Please include your therapist’s name (or names if you have had more than one therapist), professional training body (if known), dates and frequency of sessions. | | | |
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| 1. **Equal Opportunities** Would taking up a place on the course face you with any disability-related difficulties? Please indicate what |
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| 1. **Personal Statement**   Please tell us why you wish to do this course. Please add any information about your life and career so far, personal history or events significant to your personal development, experience, interest in therapy and career plans which you consider relevant to your application. If you have been working with couples, please include what you find satisfying and/or difficult in working with couples. If you are applying for the Professional Doctorate Programme, please give details of what your broad research interest is and how the programme would help you.  **(min word count 500, max word count 800)** | |
|  | |
| 1. **References** Please give names and contact details of two referees and the capacity in which you are known to them. Where possible, one should be an employer or supervisor who knows your work and your capabilities to work at a high academic level. | | |
| 1. Name and address | 2. Name and address | |
| Telephone | Telephone | |
| Email Address | Email Address | |
| In what capacity and for how long has this person known to you? | In what capacity and for how long has this person known to you? | |
| If we invite you for interview, may we ask this person for a reference before the interview date? | If we invite you for interview, may we ask this person for a reference before the interview date? | |

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| Course Fee Arrangements |
| **What are your arrangements for funding this course?**  **(Please tick as appropriate)**  **(a) My employing authority has agreed to pay [ ]**  **(Please give billing address)**  **(b) I am paying the fees myself [ ]**  Please note, the following total fees due to be paid with the submission of this course application form. Payment can be made by card by calling 0207 380 8288. If you are not invited to interview, the interview fee portion of the application fee will be refunded.  **Course applications: total application fee due £120** (£50 non-refundable application fee + £70 interview fee) |

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| How did you hear about this Training Course | | | |
| Email from TR |  | Poster outside Building |  |
| Advertisement Online, tick any of the opposite that you saw | Timewise Women like us Mumsnet jobs Guardian jobs Event listing (BACP, Psychotherapy excellence etc.)  Facebook advert Youtube  Linked in post **Other online­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Association Magazine | Therapy Today UKCP New AssociationsOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Google Search | Please specify the search words used eg. ‘Therapy course’ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email from Association Newsletter | Please specify\_\_\_\_\_\_\_ |
| Advertisement in a magazine | Mail on Sunday Local council magazineOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Recommended by a friend |  |

**Please return the completed application form to:**

**Email:** [**training@tavistockrelationships.ac.uk**](mailto:training@tavistockrelationships.ac.uk)

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Date ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Checklist of enclosures** | **Please tick** |
| **Application Form** |  |
| **Course Application Fee £120**  Payment can be made by card by calling 0207 380 8288 |  |
| **2 x Passport Photographs** |  |
| **Equal Opportunities Form** |  |

**Equal Opportunities Policy Monitoring Form **

**Role: Date:**

The purpose of the following is to ask you to assist us in the process of monitoring our Equal Opportunities Policy. At Tavistock Relationships we aim to be a fair and inclusive organisation. Understanding our clients, staff, visiting clinicians and trainees within our organisation is important, as it helps in the development of the services we offer. The information you provide is completely anonymous. If there are any questions you do not wish to answer, then please leave these blank.

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| **Gender/Gender Identity**  (Please choose all that apply) | Female |  |
| Male |  |
| Transgender |  |
| Other |  |
| Prefer not to say |  |
| **How would you best describe your Ethnic Origin?**  (Please choose one only) | **White** | |
| British |  |
| Irish |  |
| Any other White background |  |
| **Mixed** | |
| White and Black Caribbean |  |
| White and Black African |  |
| White And Asian |  |
| Other Mixed background |  |
| **Asian or Asian British** | |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Other Asian background |  |
| **Black or Black British** | |
| Caribbean |  |
| African |  |
| Other Black background |  |
| **Chinese or other ethnic group** | |
| Chinese |  |
| Other (please specify) |  |
| Prefer not to say |  |
| **Age** | 18 – 25 |  |
| 26 – 35 |  |
| 36 – 45 |  |
| 46 – 55 |  |
| 56 – 65 |  |
| 66 or over |  |
| Prefer not to say |  |
| **How would you best describe your sexual orientation?** | Bisexual |  |
| Heterosexual |  |
| Lesbian |  |
| Gay |  |
| Other |  |
| Prefer not to say |  |
| **Disability**  Do you consider yourself to have a major illness or disability (as defined in the Equality Act 2010) | No |  |
| Yes |  |
| Prefer not to say |  |
| **If Yes**, please indicate the nature of your disability/illness |  | |
| The Equality Act 2010 defines a disabled person as someone *“with a physical or mental impairment which has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities”* | | |

The Tavistock Institute of Medical Psychology aims to ensure that no client, job applicant or employee is discriminated against on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. It aims to develop its services in ways that make them accessible to those who wish to use them (subject to terms and conditions on which they are provided). All employees have a duty not to discriminate against any individual, or group of individuals, on the grounds specified in this statement, and are expected to contribute to fostering the spirit of equal opportunities in all aspects of their work.