**Confidential**



**Certificate in Psychosexual Studies (PC3)**

**Held online via Zoom**

**October 2022**

Tavistock Relationships

**Hallam House, 56-60 Hallam Street, London, W1W 6JL**

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

**www.tavistockrelationships.ac.uk**

|  |  |  |  |
| --- | --- | --- | --- |
| 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: |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other training information** Please add below any further information/comments related to training you have completed. | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Please describe any other relevant work experience (paid or voluntary) that may be relevant to your application:** | | | |

|  |
| --- |
| 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 (in known), dates and frequency of sessions. |
|  |

|  |
| --- |
| 1. **Equal opportunities**  would taking up a place on the course face you with any disability-related difficulties? Please indicate what |
|  |

|  |  |
| --- | --- |
| 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 **(min word count 500, max word count 800)** | |
|  | |
| 1. **Professional Referee \***   **(\*Referee will be contacted only for verification purposes)** | | |
| 1. Name and address |  | |
| Telephone |  | |
| Email Address |  | |
| In what capacity and for how long has this person known to you? |  | |

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

We require an application fee of £50 (non-refundable). Payment instructions will be provided on receipt of application.

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

**Telephone: 020 7380 8288**

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

|  |  |
| --- | --- |
| **Checklist of enclosures** | **Please tick** |
| **Application Form:**  By email to the training department |  |
| **Application Fee:**  £50 Payment instructions will be provided on receipt of application |  |
| **1 Headshot Photograph ( JPEG file):**  by email to the training department |  |
| **Equal Opportunities Form (see next page)** |  |

# Equal Opportunities Policy Monitoring

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 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.

|  |  |  |
| --- | --- | --- |
| **Gender/Gender Identity**  (Please tick all that apply) | Female |  |
| Male |  |
| Transgender |  |
| Prefer not to say |  |
| **How would you best describe your Ethnic Origin?**  (Please tick 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 |  |
| 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.