**Confidential**

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TAVISTOCK CENTRE FOR COUPLE RELATIONSHIPS

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

**Telephone 020 7380 1970 Fax 020 7435 1080**

# APPLICATION FORM (AT2)

**2015- 2016**

**Professional Doctorate in Couple Psychotherapy**

**Surname: Forenames:**

**(Please print) (Please print)**

**Title:** Mr/Mrs/Ms/Miss **Date of birth:**

 **(UEL Stats)**

**Domicile Status: Home: 🗖 Country of birth:**

 **EU/EUU 🗖 Nationality:**

 **Overseas 🗖 Country of permanent residence:**

**Current Role/Position Organisation/Agency:**

**Address:**

**Tel. No. (Home): (Work): Mobile:**

**Email:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please give details of any previous contact you have had with TCCR.**

**Please tell us why you are making this application and what your broad research interest is.**

**EDUCATION AND PROFESSIONAL TRAINING**

**Dates School, University and Courses, Examinations**

 **Other Institutions and Qualifications**

**Are there any comments you would like to make to amplify this data?**

**WORK RECORD**

**Please give details of present position and date of commencement.**

**Please give dates and brief details of previous employment.**

**Please give details of publications (if any).**

**Please outline how you meet the entry requirements for the programme (See course outline).**

**What is your experience of personal psychotherapy or psychoanalysis?**

**Please say with whom, their training organisation, when this was and the frequency of the sessions.**

**Please give the name and address of two persons to whom reference may be made, and the capacity in which you are known to them. Whenever possible, at least one of these should be an employer or someone who knows your work and your capacities to work at a high academic level, well.**

**Referee 1:**

**Email address:**

**Referee 2:**

**Email address:**

**Would acceptance face you with any special difficulty? (If so, please give details)**

**Does your present employer/agency support you undertaking this course?**

**Where did you see this programme advertised?**

**What are your current arrangements for funding the 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: There is a fee of £160 for short listed applicants to cover the cost of the selection interview process. Please enclose with application form if you have not already paid online. Candidates who are not selected for interview will receive a refund. Once an offer of a place has been made and accepted, the full amount will be due a week before the course starts (arrangements can be made with the Finance Officer to pay by standing order; an administration fee of £100 will be levied if this option is chosen).**

**Signed................................................................. Date................................**

**I do/do not wish to join/remain on your mailing list (Please delete as appropriate)**

**Closing date for applications is 5 June 2015.**

**Late applicants may be considered after discussion with the Programme Leader**

|  |  |
| --- | --- |
| **Checklist of enclosures** | **Please tick** |
|  Signed Application Form |   |
|  Cheque (if you haven’t already paid online) |   |
|  2 x Passport Photographs  |   |
|  Equal Opportunities Form |   |
| Relevant visa documentation (if applicable) |  |

Please return this application form to:

**Training Administration Manager**

**Tavistock Centre for Couple Relationships,**

**70 Warren Street,**

**London W1T 5PB**

**training@tccr.ac.uk**

**TAVISTOCK CENTRE FOR COUPLE RELATIONSHIPS**

**Course Fee Regulations**

1. All students will be invoiced on a yearly basis for the fees applicable to their course. Unless otherwise stated, all course fees are per annum. We are unable to invoice employers/sponsors unless prior arrangements have been made with the Training Administrator. We are also unable to issue more than one invoice per person per course.
2. There is a £50 deposit payable with each application, (except for the clinical trainings and the MA/PG Dip and PG Cert - which charge a separate interview fee). The deposit will only be refunded if the course is cancelled, or there is no place available. In the event of you withdrawing your application your deposit will be retained as an administration fee.
3. You are liable for the balance of the full fee when the place is accepted, even if your employers have undertaken to pay the fees. We are unable to chase employers/sponsors for payment on your behalf.
4. Short Courses / Workshops & Conferences

Full Payment of fees for courses up to and including one term in duration must be made **IN FULL** before attendance rights are granted.

1. Courses of one or more academic year in duration, i.e. MA/Clinical Training (CT1), PD (AT2) PG Dip (CT2), Psychosexual Course (CT3) and MA Course (AT1), payment of fees must be arranged in one of the following ways before attendance on the course is permitted.

 (a) **In full**, before start of the training

 (c) **In full by credit card** before start of training

 (NB £100 administration charge will be levied for monthly payment option and a 3% charge for credit card option)

1. If payment by pre-arranged dates is not received, TCCR reserves the right to suspend you from the course and legal proceedings may be instituted. Qualifications and certificates of attendance cannot be awarded to you if you have any fees outstanding, they can only be awarded once the fees are paid in full.

1. Students undertaking a course lasting over one academic year should note that fees are liable to increase in the second and subsequent years.
2. Student Loans

A TIMP fund exists from which some loans may be made to trainees in financial need who undertake the clinical training. Enquiries should be made to the TCCR Finance Officer and the Director of Training.

1. Withdrawal and Cancellation

If you withdraw from the course for any reason, either after acceptance, or before the course commences, or at any time during the course, you are obliged to let TCCR know in writing at the earliest opportunity. You will remain liable for the fees.

1. Withdrawal from ongoing courses

Students intending to withdraw from a course lasting longer than a year must notify TCCR by the 1st June in the academic year they are in otherwise they will be liable for the following year’s fees.

TCCR reserves the right to cancel any course and in such event undertakes to refund fees in full. TCCR also reserves the right, in exceptional circumstances, to exercise discretion in relation to these conditions.

# 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 TCCR 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.