### APPLICATION FOR PROFESSIONAL TRAINING

**Jungian Analytic Training**

2019-2020

###### INFORMATION FOR APPLICANTS

* Applicants should have acquainted themselves with the details of the course as outlined in the training prospectus and the requirements for personal psychotherapy: this needs to be with an approved training therapist for at least one year before commencing clinical training*.*
* Copies of all degree and diploma certificates must be submitted along with the application.
* Applicants need to bring the original degree/diploma certificate to their first interview

**SUBMISSION**

* **Please submit your completed application form both electronically** to bjaatraining@bpf-pyschotherapy.org.uk and as a **hard signed copy** together with **copies of all degree and diploma certificates** to Cathie Moore, Services Co-ordinator at 37 Mapesbury Road, London NW2 4H.
* **The application fee of £170** (non refundable) is made payable to **The British Psychotherapy Foundation**.

Please make a **bank transfer** to the ***bpf*** account using **BJAT/19** as reference.

Co-operative Bank

Sort Code: 08-02-28

Account: 68474694

**CLOSING DATE**

**End of February 2019 (May be extended in certain circumstances)**

CRB CHECK

An enhanced CRB check no more than six-month old will need to be submitted at the start of the Training.

###### APPLICATION FORM CONTENT

###### How did you hear about the Training?

###### Personal Information

###### Additional Personal Data

##### References

##### Academic Qualifications

##### Personal Analysis or Psychotherapy

##### Current and Previous Employment / Work Experience including Clinical Experience

##### Psychiatric Experience (include Professional or Placement Experience)

##### Other Relevant Applications

##### Please give an account of your life to the present day including Childhood, Family Background, Education, Relationships, Current Life Circumstances and Other Experiences

##### Please describe why you wish to train as a Professional Psychotherapist working with Adults?

1. Reasonable Adjustments

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| HOW DID YOU HEAR ABOUT THE TRAINING? |
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| PERSONAL INFORMATION |
| **Title:** |  |
| **Name:** |  |
| **Surname:** |  |
| **Date of Birth:** |  |
| **Nationality:** |  |
| **Home Address:** |  |
| **Home Tel Number:** |  |
| **Work Tel Number:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |

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| ADDITIONAL PERSONAL DATA |
| **Please include here anything further which may be relevant to your application and to your successful completion of this programme, including any disability or other on-going conditions.**  |
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| 1. **REFERENCES**
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| **Names, addresses, telephone numbers & email addresses of two referees of whom at least one is well acquainted with your Professional Clinical work or who is in a position from their personal knowledge of you to assess your potential for training as a psychotherapist.** |

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| Name: |  |
| Position: |  |
| Date known: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |

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| Name: |  |
| Position: |  |
| Date known: |  |
| Address: |  |
| Telephone: |  |
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| 1. **ACADEMIC QUALIFICATIONS**
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| **DEGREES/DIPLOMAS****Please send photocopies** |
| **Degrees****diplomas** | **Subject** | **Date** | **Awarding Institute** | **Class** |
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| **PROFESSIONAL QUALIFICATION****Please send photocopies** |
| **Qualification/s** | **Date** | **Awarding Body** | **Class** |
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| **RESEARCH EXPERIENCE****Give Details of any research experience and the work undertaken**  |
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| **PUBLICATIONS**  |
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| 1. **PERSONAL ANALYSIS OR PSYCHOTHERAPY**
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| **INDIVIDUAL THERAPY PLEASE COPY & PASTE AND INSERT EXTRA TABLES AS NEEDED** |
| **Date Started:** | **Date ended:** |
| Name of therapist: |  |
| Number sessions/week: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |

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| **GROUP OR OTHER THERAPY PLEASE COPY & PASTE AND INSERT EXTRA TABLES AS NEEDED** |
| **Date Started:** | **Date ended:** |
| Name of therapist/s: |  |
| Number sessions/week: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |

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| 1. **CURRENT AND PREVIOUS EMPLOYMENT / WORK EXPERIENCE INCLUDING CLINICAL EXPERIENCE**
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**PLEASE COPY & PASTE AND INSERT EXTRA TABLES AS NEEDED**

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| --- | --- |
| Date |  |
| Job Title |  |
| Institution |  |
| Function |  |
| Duties |  |
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| 1. **PSYCHIATRIC EXPERIENCE (INCLUDE PROFESSIONAL OR PLACEMENT EXPERIENCE)**
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**PLEASE COPY & PASTE AND INSERT EXTRA TABLES AS NEEDED**

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| Name of Institution |  |
| Date |  |
| Name of Supervisor |  |
| Nature of experience |  |
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| 1. **OTHER RELEVANT APPLICATIONS**
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| 1.
 | Have you applied to former BAP for Training? If so, please give date(s): |
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|  | Have you applied previously, or are you currently applying for any other training in psychotherapy (Adult, Children, Group)? If so, please give details: |
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|  | Are you associated with, or a member of, any other organisation concerned with psychotherapy or allied fields related to mental health? If so, please give particulars: |
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|  | Are you a member of a learned society, state the name of the society, date of joining and status of membership? |
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| 1. **PLEASE GIVE A SHORT ACCOUNT OF YOUR LIFE TO THE PRESENT DAY INCLUDING CHILDHOOD, FAMILY BACKGROUND, EDUCATION, RELATIONSHIPS, CURRENT LIFE CIRCUMSTANCES AND OTHER EXPERIENCES**
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| 1. **PLEASE DESCRIBE WHY YOU WISH TO TRAIN AS A PROFESSIONAL PSYCHOTHERAPIST WORKING WITH ADULTS?**
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| 1. **REASONABLE ADJUSTMENTS**
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| If you require any reasonable adjustments to the recruitment process, including the application process and interview, please provide details on a separate sheet of paper. |

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| PRIVACY AND DATA PROTECTION STATEMENT |
| We will treat all your personal information as private and confidential (even when you are no longer a trainee or member), except where disclosure is made at your request or with your consent or where we are required by law to disclose.We will use your information for the purposes of administration, selection, assessment and other associated services.We will also provide your information to relevant third parties such as regulatory bodies and academic institutions, in order to achieve your various requirements. Except where we are required to disclose by law, we will treat all your information as confidential, even when you are no longer a trainee and will not disclose any such information except where a disclosure is made at your request or with your consent.Where necessary you consent to our processing data that is defined as sensitive by the Data Protection Act such as data relating to your health or offences for the above purposes. You also consent to our transferring your information to countries that do not provide the same level of data protection as the UK, if necessary for the above purposes. |

Tick here if you would prefer not to receive information about the *bpf* : □

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| Signature:  | Date: |