Foundation course

application

**Full Name**:

**Address**:

**Town**:

**Postcode**:

**Telephone**:

**Email**:

Tick all that apply below.

**Which intake are you applying for:**

October 2024

**Have you already studied (or are currently studying) our *Psychotherapy Today* course?**

Yes

No

**Have you already studied (or are currently studying) our**[**Psychodynamics of Human Development MSc**](https://www.britishpsychotherapyfoundation.org.uk/education/academic-degrees/MSc-Psychodynamics-of-Human-Development) **course?**

Yes

No

**Which type of psychotherapist are you interested in becoming?\***

Psychoanalytic psychotherapist

Psychodynamic psychotherapist

Jungian psychotherapist

Child and adolescent psychotherapist

I don’t know yet

\*We ask this so that we can offer you the right support during your studies, but you do not need to know for certain yet.

**Which modules do you intend to study?**

**Both, I want to study the whole Foundation Course**

**Just the clinical module**

**Just the theory module**

**Please give a brief description of your duties and responsibilities in your current role:**

|  |
| --- |
|  |

**Please list your education history to date (and any qualifications you are currently studying for):**

|  |
| --- |
|  |

**Please use this space to provide personal information in support of your application** including reasons for applying for the course, reasons for wishing to study with us and any relevant practical experience, interests and achievements. This statement must be your own work (Word Limit 300-500).

|  |
| --- |
|  |

**Where did you hear about the course?**

|  |
| --- |
|  |

**Where have you seen our ads? Tick all that apply.**

findamasters.com

Therapy Today (BACP Magazine)

New Psychotherapist (UKCP Magazine)

New Associations (BPC Magazine)

Opera Magazine

The Psychologist (BPS)

Facebook Ad

Instagram Ad

LinkedIn Ad

Google Search Ad

I have not seen your ads

equal opportunities

**Completion of this section is helpful to ensure that we are aware of the communities applying for this scheme and assists in the implementation of equal opportunities. This information will not form any part of the selection process.**

(Please tick the appropriate boxes)

**a. Your Ethnic Group**

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or Asian British** |  | **Mixed** |  |
| Indian |  | White and Black Caribbean |  |
| Pakistani |  | White and Black African |  |
| Bangladeshi |  | White and Asian |  |
| Any other Asian background |  | Any other mixed background |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Black or Black British** |  | **White** |  |
| Caribbean |  | British |  |
| African |  | Irish |  |
| Any other Black background |  | Any other White background |  |
|  | | |  |
| Chinese |  | Any other ethnic group |  |

**b. Your Gender**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Female |  | Male |  | Transgender |  | Prefer not to say |  |

**c. Sexual Orientation**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bisexual |  | Gay man |  | Heterosexual |  | Lesbian/Gay woman |  | Other |  |

**d. Your Disability**

The Disability Discrimination Act (1995) defines a person as disabled if “they have a physical or mental impairment which has a substantial and long-term (has lasted, or is expected to last, for at least 12-months) adverse effect on their ability to carry out normal day to day activities”.

**From this description, do you consider yourself to be a disabled person?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  | NO |  | Prefer not to say |  |

**If yes, please advise what your condition is:**

In terms of the Act we will take steps to make reasonable adjustments within the workplace to avoid those who have a disability from suffering a disadvantage.

**e. Your Age – please tick appropriate box below:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 18-25 |  | 26-35 |  | 36-45 |  | 46-60 |  | 60+ |  |

I certify that the information contained in this application is true and complete. On signing this application form, I confirm that I have read and understood the cancellation and refund policies.

**Signature**:

**Date**:

Please return the completed form electronically to Urvashi Chand, Foundation Course Director, at: **foundation@bpf-psychotherapy.org.uk**