

Jung reading group

**Full Name**:

**Address**:

**Town**:

**Postcode**:

**Telephone**:

**Email**:

**Qualification**:

**Occupation**:

**What is your interest in joining the Jung Reading Group?**

|  |
| --- |
|  |

**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 Sandra Pereira, MSc, Post Graduate & Public Courses Officer at <SandraP@bpf-psychotherapy.org.uk>