Training in Couple Psychodynamic Psychotherapy (CPP)

*Leading to membership of the* ***bpf****, and registration with the British Psychoanalytic Council (BPC) as a Couple Psychodynamic Psychotherapist*

* This training is suitable for people who already have a clinical qualification in psychoanalytic/ psychodynamic therapy as an adult therapist, child therapist or group therapist and is not an initial/first training

Information for Applicants

Applicants should have acquainted themselves with the details of the training and its requirements for entry, as outlined on the CPP pages of the ***bpf*** website.

Before completing the application form, you will have spoken with a CPP advisor about the training and established that you are ready to apply. The final decision will be made following the application form and selection interviews.

The information that you are asked to provide on this form is highly confidential. You are asked to disclose sensitive personal information which will not in itself prejudice your application. Selection of applicants for the training is based on all aspects of personal and professional suitability for the demands of working psychodynamically with couples.

Successful completion of the training leads to membership of the ***bpf***, and to registration with the British Psychoanalytic Council (BPC) as a couple psychodynamic psychotherapist.

Submission

Please submit your completed application form via email to the CPP Training Coordinator, [CPPT@bpf-psychotherapy.org.uk](mailto:CPPT@bpf-psychotherapy.org.uk) and complete the [online payment of the application fee](https://www.britishpsychotherapyfoundation.org.uk/civicrm/contribute/transact?reset=1&id=60) (£75).

Your completed application will be considered along with your two references and, where applicable, confirmation from your therapist/analyst regarding the details of your personal therapy and their potential agreement to continue as a training therapist for the duration of your training (if you are accepted).

Two, or sometimes three, interviews may be offered. If no interviews are offered, your application fee will be returned.

If accepted onto the training, you will need to be in your own personal therapy with an approved ***psychoanalytic psychotherapist or psychoanalyst registered with the BPC,*** usually at least twice weekly throughout the training. If you have previously had intensive therapy/psychoanalysis, the requirement for twice weekly psychoanalytic psychotherapy can potentially be waived subject to discussion. However, at any point in the training, you could be required to fulfil this therapy requirement if it is felt to be necessary for your training and development. This is a powerful treatment modality and many of the trainees with previous experience of psychotherapy/psychoanalysis, find it helpful to be in personal therapy during their training.

Submission of an application form and any subsequent interviews offered do not constitute an offer of acceptance onto the CPP training programme.

Following the interviews, the CPP Training Committee will inform you if your application has been successful. If you are unsuccessful you will be offered the opportunity to have clear feedback and to discuss the reasons. Where appropriate you will be given guidance about necessary further preparation if you wish to re-apply.

**Closing Date:** The closing date for the training is **1st June annually** (very occasionally late applications are accepted) to start in September.

**APPLICATION FORM**

1. Personal information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: (Mr/Ms/other) |  | | | |
| First name: |  | | | |
| Surname: (block capitals) |  | | | |
| Address: |  | | | |
| Postcode: |  | | |
| Telephone number: | Home: |  | | |
| Work: |  | | |
| Mobile: |  | | |
| E-mail address: |  | | | |
| Date of Birth: |  | | Age: |  |

2. Personal analysis or psychotherapy\*

\*Please note: the ***bpf***regards personal psychotherapy/analysis as strictly confidential and in line with this, personal therapy undertaken during training remains a ‘non reporting therapy’. If you are accepted on to the training and are required to be in therapy,at that point we will contact your therapist /analyst only to confirm your attendance and frequency, and to confirm they agree to continue as your training therapist for the duration of your training.

**Individual therapy (please list all)**

**Current**

Date started:

Name of therapist and registering body (BPC, UKCP etc):

Number of times a week:

Address:

Telephone:

**Previous (including Couple/Group Therapy) where applicable**

Date started: Date ended:

Name of therapist and registering body (BPC, UKCP etc):

Number of times a week:

3. Education and Academic Qualifications

**Secondary School**

‘A’ levels (or equivalent)

**Other qualifications (i.e. academic, professional qualifications or attainments)**

Degrees/Diplomas Subject Date Awarding Institute Class

**Psychotherapy Training/s**

Give details of all training:

Qualification Date Awarding body

**Infant Observation (where applicable)**

Institution Date Name of seminar leader

**Professional Organisations** (include details of professional organisations or accredited bodies you are a member of)

Organisation/professional body: Date:

**Research and Publications**

Please fill in the following details about your previous psychotherapy qualification/:

In your original, or subsequent training(s), can you let us know to the best of your ability, how many hours of theory seminars, did your course provide of the following areas of study:

Freud (Early, Middle, Late)

Klein

Post Kleinian

Winnicot

Independent Group

British Object Relations

Contemporary psychoanalysis

4. Past and Present Employment and Work Experience

Please list in reverse order from the present:

From To

Date:

Job title:

Institution:

Function and duties:

From To

Date:

Job title:

Institution:

Function and duties:

From To

Date:

Job title:

Institution:

Function and duties:

From To

Date:

Job title:

Institution:

Function and duties:

Please add as necessary in this format above

5. Experience of a psychiatric setting or mental health experience:

Please give full details of the nature of the experience, including time spent, experience gained and the organisation and hospital settings, with dates.

Note: Professionals working in a mental health setting involving psychiatric experience need not answer this question.

6. Other relevant experience

Give details of other relevant experience with adults including voluntary work, psychotherapy or counselling placements.

7. Please give a short account of your life, including childhood, family background, education and other significant experience (do not exceed 1500 words).

8. Why do you wish to train to work with couples specifically?

Say in about 500 words why you wish to train in couple psychodynamic psychotherapy

8.a. Previous applications to train

Please describe any previous applications for psychoanalytic training of any kind which have resulted in a reconsideration on your part or a rejection by the institution

9. Other personal Information

Please write about anything you think relevant to your application, and which is not covered in the previous questions, such as health issues including any psychiatric treatment, hospital admissions, family circumstances. The ***bpf*** has an Equal Opportunities policy, and this information will not prejudice your application in any way.

10. How did you hear about the Training?

11. References

Give the details of two referees who know your professional work, one from personal knowledge of you, be in a position to comment on your potentialities for training as a couple psychotherapist. At least one should be well acquainted with your clinical work as a psychotherapist.

1. Name:

Connection to applicant:

Address:

Telephone:

E-mail:

1. Name:

Connection to applicant:

Address:

Telephone:

E-mail:

**Please sign the following declaration**

**I understand that**

**a) Completion of this form does not form any commitment between myself and the *bpf* at this stage**

**b) All the information given on the form will be held by the *bpf* in the strictest confidence, in accordance with the** [***bpf* privacy policy**](https://www.britishpsychotherapyfoundation.org.uk/about-us/policies-procedures/data-protection)***.***

**Print name:**

**Signature: Date:**

Disclosure and Barring Service (DBS) check (formerly called Criminal Records Bureau [CRB])

If you are accepted for the training you will be required to have a DBS check, which the ***bpf*** will process.

Verification of documents

When offered a place, applicants will be asked to provide documentation confirming their previous professional training and qualifications, membership to professional organisations and professional insurance.