Application form for training in Psychodynamic or Psychoanalytic Parent Infant Psychotherapy

intake 2025-26

 **information for applicants**

* Applications may be submitted at any time during the year. Applicants will have completed or will be completing the prerequisites for the course as outlined [on the website.](https://www.britishpsychotherapyfoundation.org.uk/content/psychoanalytic-parent-infant-psychotherapy-training)
* Applicants should have acquainted themselves with the details of the course as outlined on the website and the requirements for personal psychotherapy.

**submission**

* Please submit your completed application to piptraining@bpf-psychotherapy.org.uk with scanned copies of all degree and diploma certificates.

**For us to process your application, please also submit a payment of £75 via the payment** [**link**](https://www.britishpsychotherapyfoundation.org.uk/civicrm/contribute/transact?reset=1&id=59) **.**

 **closing date: Monday 20th October**

**selection process**

* Preliminary checking once references received
* Personal Interview
* Possible Interview with a Clinical Consultant
* Decision on suitability to train based on the selection criteria

**DBS check : A current enhanced DBS will need to be submitted. Please note, if you are not eligible to be granted an enhanced DBS certificate, you cannot be considered for this training.**

**General Data Protection Regulation (GDPR) policy statement**

 The British Psychotherapy Foundation (***bpf****)*will ensure that it complies with both the law and good practice in all its dealings with personal data which it holds on individuals. In particular, the ***bpf***will respect the rights of individuals and be open and honest with those whose data is held, provide appropriate training and support for staff and members who handle personal data and follow the data protection principles of good information handling which are set out in the General Data Protection Regulation (GDPR) (EU) regulation on data protection and privacy.

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

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|  How did you hear about the training?  |
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| Personal Information  |
| Title:  |   |
| Name:  |   |
| Surname:  |   |
| Former Surname:  |   |
| Date of Birth:  |   |
| Nationality:  |   |
| Address:  |   |
| Home Postcode:  |   |
| Home Tel Number:  |   |
| Mobile Number:  |   |
| Email Address:  |   |

Do you consider yourself to have a disability? YES  **☐**  NO  **☐**

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| Please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our recruitment process:  |
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**Are you currently working with infants 0-1 or 0-2 years? In what capacity and service?**

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**How do you intend to see training cases? If not in your current employment, please state if you require support finding an Honorary placement?**

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| Experience of work with infants, toddlers and young children - past & present – starting with most recent experience focusing on ages 0-2  |
| Date known (from-to):  |   |
| Role  |   |
| Institution  |   |
| Age Group/s  |   |
| Number of Children  |   |
| hrs/days/per week  |   |

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| --- | --- |
| Date known (from-to):  |   |
| Role  |   |
| Institution  |   |
| Age Group  |   |
| Number of Children  |   |
| hrs/ days/ per week  |   |

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| --- | --- |
| Date known (from-to):  |   |
| Role  |   |
| Institution  |   |
| Age Group  |   |
| Number of Children  |   |
| hrs/ days/ per week  |   |
|   |   |

**Have you had any training in psychoanalytic theory? If yes when, where and what did it include?**

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 **Infant Observation?** Have you undertaken a psychoanalytic Infant Observation? If yes, with which organisation and for how long? Did it lead to any qualification?

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Personal analysis or psychotherapy. **Please give details of all psychotherapists/analysts you have seen**

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| **Current Individual Psychoanalysis or Psychotherapy** |
| Date Started:  |   |
| Date ended:  |   |
| Name of therapist:  |   |
| Therapist’s accreditation (eg BPC/other?)  |   |
| Current Frequency:  |   |
| Address:  |   |
| Telephone:  |   |
| Email:  |   |
| **Previous Group or Individual therapy**  |
| Date Started:  |   |
| Date ended:  |   |
| Name of therapist:  |   |
| Position:  |   |
| Date known:  |   |
| Address:  |   |
| Telephone:  |   |
| Email:  |   |

Academic & Professional qualificationsPlease complete each section fully and carefully. Incomplete information may result in delays in a decision being made.

 **Professional qualifications/ registration -** please email scanned copies

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| **Qualification/s or Registration**  | **Title**  | **Date**  | **Awarding Body**  |
|   |   |   |   |
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 Any other professional courses completed relevant to Infant Mental Health such as VIG or VIPP, WWW etc.

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| **Course** | **details** | **Date** |
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**Academic Degrees/diplomas -** please email scanned copies

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| --- | --- | --- | --- | --- |
| **Degrees diplomas**  | **Subject**  | **Date**  | **Awarding Institute**  | **Class**  |
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|  Research/Academic/Publications Give details of any ongoing research and the work undertaken, publications etc  |
| **Research experience**  |
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|  **Publications**  |
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| Other significant employment/ work experience - current and previous  |
| Date known (from-to)  |   |
| Job Title  |   |
| Institution  |   |
| Function  |   |
| Duties  |   |

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| --- | --- |
| Date known (from-to)  |   |
| Job Title  |   |
| Institution  |   |
| Function  |   |
| Duties  |   |

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| Date known (from-to)  |   |
| Job Title  |   |
| Institution  |   |
| Function  |   |
| Duties  |   |

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| Other relevant applications  |
| *
 | Do you currently intend to apply for any other training in Parent infant psychotherapy (If so, please give details):  |
| *
 | 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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|  References (All references to be as recent as possible)  |
| **Professional work reference**  |
| Name:  |   |
| Position:  |   |
| Date known (from-to):  |   |
| Address:  |   |
| Telephone:  |   |
| Email:  |   |

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| **Additional reference: work with infants/young children reference if different from above**  |
| Name:  |   |
| Position:  |   |
| Date known (from-to):  |   |
| Address:  |   |
| Telephone:  |   |
| Email:  |   |
| **Please explain your motivation in applying, your interest in and suitability to the training, and how you will manage the required commitments/time and finances (max 1500 words; box expands as you write):**  |
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| I confirm that I have read all the information from the *bpf* on this form and that to the best of my knowledge the information that I have provided is correct.  |
| Signature: (Typed)  | Date:  |