

infant observation

Thank you for applying to the **bpf**Infant Observation Course.  If your application is accepted you will be invited to two interviews to reflect together with the interviewers on your readiness to undertake this in-depth study.  We recommend leaving at least one week between interviews.

Interviews are personal in nature and may stir up strong feelings in you, as will the experience of Infant Observation itself.

Parents of infants 0-12 months old are not able to commence their observations until their child has turned 1 year old.

You should take into account that it may take you some time to find a baby to observe. We will support you in this. If you have not found a baby after three terms of seminars we will review your situation with you in an individual tutorial.

Please note that for the duration of the course you are required to be in a minimum of once weekly psychoanalytic or Jungian Analytic psychotherapy

**Full Name**:

**Address**:

**Town**:

**Postcode**:

**Telephone**:

**Email**:

**Are you a parent?** YES/NO

**Professional qualification**

|  |
| --- |
|  |

**Details of present employment & employer**

|  |
| --- |
|  |

**Are you, or have you been in individual or group psychotherapy?**

If so, please give details of length, frequency and discipline/orientation, name of organisation or therapist

|  |
| --- |
|  |

**Please write a statement outlining your interest and reasons for applying for this course in 200 - 300 words and attach a copy of your CV on submission**

|  |
| --- |
|  |

## Are you applying to train with *bpf*?

Please specify if you have applied or are applying to any other Bpf training and if so which training. Please also let us know where you are in the application process.

|  |
| --- |
|  |

**Would you like to receive information about events and courses at the *bpf*?** YES/NO

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 and to arrange payment of the admin fee on submission.

**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+ |  |

**Signature**:

**Date**:

Please return the completed form electronically to Sandra Pereira at:

[SandraP@bpf-psychotherapy.org.uk](file:///C%3A%5CUsers%5CHannaS%5CAppData%5CLocal%5CTemp%5C19%5CSandraP%40bpf-psychotherapy.org.uk)