

Application form for professional training

Intake 2026

Information for applicants

- Applications may be submitted till 2nd of January 2026. Applicants will have completed or will be completing one of the pre-clinical courses, or their equivalent, as outlined on the website.
- Applicants should have acquainted themselves with the details of the course as outlined on the website and the requirements for personal psychotherapy: In general it is hoped that where possible before applying for training applicants would have begun personal analysis with an ACP approved analyst who they will expect to continue in analysis with throughout their training.
- The diversity monitoring form and this page with identifying information will be removed before the rest of the form is distributed to those engaged in carrying out the selection process in order to increase the assurance that each application is dealt with strictly on its own merits.

Submission

- **Please submit your completed application & electronically to ipcapatraining@bpf-psychotherapy.org.uk with scanned copies of all degree and diploma certificates.**
- **Applicants must also submit the Diversity Monitoring Form electronically via the given link : <https://forms.office.com/e/8R4dnRnaKW>**

Closing date 10am 2nd January 2026

Selection process

- Preliminary checking once references received.
- **Stage 1**
- Application shortlisting – proceed to interview or not.
- **Stage 2**
- 1st Interview
- Group experience
- Progress to next stage
- **Stage 3**
- Interview with a Clinical Consultant
- Academic Exercise
- Decision on suitability & readiness to train based on the selection criteria.

Once offered a place on the training – the clinical placement interview

- **Stage 4**
- Interview Panel for NHS Post for those who have met the selection criteria.

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* ☐

Personal Information

Title:	
Name:	
Surname:	
Former Surname:	
Date of Birth:	
Nationality:	
Address:	
Home Postcode:	
Home Tel Number:	
Mobile Number:	
Email Address:	

Do you need a work permit to work in the UK? YES ☐ NO ☐

If you are an EU resident, what is your residency status? Settled ☐ Pre-settled ☐

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

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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Please state here if you are applying for the Jungian Pathway YES ☐ NO ☐

Pre-Clinical Details

Are you currently enrolled in or have you completed one of the approved [pre-clinical courses](#)? YES ☐ NO ☐

If YES, outline details below

Course	Date of (planned) completion	Grade awarded	Awarding Institute

Infant Observation and other observation experience e.g. young child

Name of Institution	
Start date	
Is this ongoing? If so, when is the end date of your observation visits? If it has ended, please supply the end dates and total time spent observing the family.	
Were there any interruptions or changes to the infant observation setting/family? if yes, please explain here:	
Did you write a Post Graduate Level Paper on this Module?	YES ☐ NO ☐
Did you PASS this module/paper?	YES ☐ NO ☐

If NOT enrolled in a preclinical Masters, please ensure you have completed the information about Infant observation above and complete the Modular / Portfolio Pathway section below:

Modular / Portfolio Pathway

Theoretical Components (psychoanalytic theory, and child development theory and research)

Name of Institution	
Dates Attended/Duration	
Please provide details of the concepts/modules studied	
Did you write a Post Graduate Level Paper on this Module?	YES ☐ NO ☐
Did you PASS this module?	YES ☐ NO ☐

Work Discussion Seminars

Name of Institution	
Dates Attended/Duration	
Seminar Leader	
Did you write a Post Graduate Level Paper on this Module?	YES ☐ NO ☐
If yes to the Above question, what was your grade?	

Personal psychoanalysis or psychotherapy

Current Individual psychotherapy

Date Started:	
Date ended:	
Name of therapist:	
Is s/he on the ACP approved list of training analysts?	
Current Frequency:	
Address:	
Telephone:	
Email:	

Previous Group or Individual psychotherapy

Date Started:	
Date ended:	
Name of therapist:	
Accredited by which body? (BPC, UKCP etc)	
Position:	
Date known:	
Address:	
Telephone:	
Email:	

How did you hear about the training?

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Other relevant applications

•	Have you applied to this or any other Child & Adolescent psychotherapy training before? If so, please give dates:
•	Do you currently intend to apply to any other training school for training in psychotherapy (Adult, Children, Group)? 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:

Other academic qualifications

Please complete each section below fully and carefully. Incomplete information may result in delays in a decision being made. Do NOT include your current/past pre-clinical course detailed above. Please note that only in very exceptional circumstances can we accept anyone who does not have a 2.1 in their first degree and/or a relevant Masters.

Degrees/diplomas - please email scanned copies

Degrees diplomas	Subject	Date	Awarding Institute	Class

Professional qualification - please email scanned copies

Qualification/s	Date	Awarding Body	Class

Research experience. Give details of any research experience and the work undertaken (include MSc or MA dissertation)

Research experience

Publications

Experience of work with children - past & present – starting with most recent experience

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

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

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

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Number of Children	
hrs/ days/ per week	

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

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

Other significant employment/ work experience - current and previous

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

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

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

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

Please tell us about yourself, past & present experiences, including current and important relationships, and any information that you think is relevant to your application

(max 1500 words; box expands as you write):

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Please describe your motivation & wish to apply for this training?

(max 1000 words; box expands as you write)

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References (All references to be as recent as possible)

We will be asking the head of your pre-clinical course for a reference – please add their name and contact details as your academic reference -, but please also list the names of your seminar leaders.

Note: IPCAPA considers all references as an integral part of the overall assessment of applications for entry to the training programme. Please choose your referees very carefully.

Academic Reference – your tutor or head of course

Name:	
Position:	
Date known (from-to):	
Address:	
Telephone:	
Email:	

Work discussion reference - your seminar leader

Name:	
Position:	
Date known (from-to):	
Address:	
Telephone:	
Email:	

Infant observation reference - your seminar leader

Name:	
Position:	
Date known (from-to):	
Address:	
Telephone:	
Email:	

Research reference - if different from academic reference

Name:	
Position:	
Date known (from-to):	
Address:	
Telephone:	
Email:	

Professional work reference

Name:	
Position:	
Date known (from-to):	
Address:	
Telephone:	
Email:	

Additional reference: work with children and adolescents reference if different from above

Name:	
Position:	
Date known (from-to):	
Address:	
Telephone:	
Email:	

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: