

PPA reading group

**Full Name**:

**Address**:

**Town**:

**Postcode**:

**Telephone**:

**Email**:

**Occupation**:

**Professional qualification**:

**Please let us know which term you are signing up for – check appropriate box**

Winter term [ ]

Spring term [ ]

Autumn term [ ]

**Please write a paragraph** of not more than about 300 words about your past experience of psychoanalysis in any form, your reasons for applying for this course and anything else you think would be helpful for us to know.

If you would like to talk to the facilitator about this, or anything else about the course please email alicecowley18@hotmail.com

**Please tell us how you heard about the *bpf* and this course.**

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 Dawn Brady, PPA Training Coordinator at PPAtraining@bpf-psychotherapy.org.uk