



We are keen this course is accessible to all who are interested. We would like to hear about you and what draws you to this line of work. Acceptance will be subject to interview by zoom, which will take the form of an informal conversation for both of us to assess whether this is the right course for you.

This application form will give you a chance to think about what is involved and what you might like to talk about when we meet. Please complete as any sections as you can.

## CLINICAL ANALYTIC SKILLS COURSE

**Full Name:**

**Address:**

**Town:**

**Postcode:**

**Telephone:**

**Email:**

**Please give a brief description of your current work (paid or voluntary), community or family role (s):**

**Thinking about the relationships in which you are in a supportive role: what do you think you are able to bring to that and what do you find rewarding?**

**What do you think draws you to this work? This may be personal or work related or ...?**

**Have you had any experience of psychotherapy and counselling?**

**This course can be used for counselling and psychotherapy training but can also be used for many other fields, do you have any thoughts at the moment of how you will use the skills and experience you will gain from the course?**

**Please tell us something about your life in school / university and any exam and qualifications you have?**

**Is there anything else you would like us to take into consideration in relation to your application?**

**We would like you to give us the names of two people, one of which has known you for at least two years. They can be from an education, community, and/or work setting and neither should be from a close personal or family relationship.**

**Where did you hear about the course?**

**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.

**Signature:**

**Date:**

Please return the completed form electronically to Urvashi Chand, at [curvashi@mac.com](mailto:curvashi@mac.com)