

infant observation

**Please note that:**

* Parents of infants 0-12 months old are not able to commence their observations until their child has turned 1 year old.
* If an observation family has not been found after three terms, the student may be asked to leave the course.

**Full Name**:

**Address**:

**Town**:

**Postcode**:

**Telephone**:

**Email**:

**Marital Status**:

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

**Professional qualification**

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**Details of present employment & employer**

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**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

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**Name and email address of two professional referees**

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**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**

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

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**Would you like to receive information about events and course 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.

**Signature**:

**Date**:

Please return the completed form electronically to Sandra Pereira, MSc, Post Graduate & Public Courses Officer at [SandraP@bpf-psychotherapy.org.uk](SandraP%40bpf-psychotherapy.org.uk)