



The Sherwood Psychotherapy Training Institute  
**SPTI Certificate:** A Relational Approach to the Treatment of Trauma

Applicants are welcome to hand write or type the enclosed application form. You should ensure that you sign and date the declarations at the end of the form. Your form must be returned with your official signature. SPTI will accept an electronic paste of your signature, or you are welcome to hand sign the form. You should then submit a scanned copy of your application via email to [admissions@spti.net](mailto:admissions@spti.net) and/or print and return your completed application directly to us at:

**Admissions, The Sherwood Psychotherapy Training Institute,  
Thiskney House, 2 St James's Terrace, Nottingham, NG1 6FW**

### **Your Personal Information**

We respect your privacy and are committed to protecting your personal data. Our privacy notice is available on our website at <http://spti.net/institute/privacynotice.shtml>. Our privacy notice informs you how we look after your personal data when you ask us to send you information, when you apply to join us, when you use our website, while you are a current student and after you leave us and become one of our graduate members. Our privacy notice also tells you about your privacy rights and how the law protects you. Please make sure you take the time to read and understand our privacy notice.

### **Fees**

The full cost of each two-day workshop is £270, but those booking before 31<sup>st</sup> July 2018 will qualify for an early bird rate of £250.

The cost to SPTI members will be £240 per workshop or £225 with an early bird discount.

### **Early bird discount**

To pay for the Certificate course in full (4 x two-day workshops) prior to **31<sup>st</sup> Aug 2018**, the fee is £1000 or £900 (SPTI members)

### **Standard Fee (1<sup>st</sup> Sept 2018 – Autumn 2018)**

To pay for the full course after 31<sup>st</sup> July but prior to course commencement, a payment of £1080 or £960 (SPTI members) due on **20th October 2018**

*To pay for individual workshops, standard rate payments should be made one month prior to each workshop or for **early bird discount before 31<sup>st</sup> Aug 2018***



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**Personal Information**

<b>Full Legal Name</b>			
<i>Please use your Passport/Birth Cert. name as this will be used for SPTI certificates</i>			
<b>Informal Name</b>			
<b>Address</b>			
<b>Home Telephone</b>		<b>Mobile</b>	
<b>Email address</b>			
<b>Where did you hear about us?</b>			

**Professional Qualifications**

	Dates	Result

**Education**

Organisation Name, Address & Postcode	Start MM/YY	End MM/YY	Subject	Level e.g. BA, PG Dip	Grade/ Classification	MM/YY Passed

**Employment History related to this training**

Organisation Name & Address	Nature of work	Paid / Voluntary	Dates	Reason for leaving



### Current Professional Context

a) Please describe briefly the current professional context within which you are working and how this will relate to this training. Please include experience as counsellor/ psychotherapist/mental health professional or similar and experience of working with trauma

*(Please continue on a separate sheet if necessary)*

### Professional membership and/or accreditation

Please provide details of membership/accreditation with any technical or professional associations e.g. BACP, UKCP, BAPCP, BPS (please include copies of any certificates or include registration numbers)

### Personal Statement

Please describe briefly why you wish to undertake this training: *(Please continue on a separate sheet if necessary)*



**Section 12: Disability (Information required to enable reasonable adjustments)**

Do you consider yourself to have a disability and/or learning difficulty? Please tick all that apply

<b>No</b>	<input type="checkbox"/> No known disability	00
<b>Yes</b>	<input type="checkbox"/> If yes please tick any of the following that apply and include further information below	
<input type="checkbox"/>	A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	51
<input type="checkbox"/>	A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder	53
<input type="checkbox"/>	A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	54
<input type="checkbox"/>	A mental health condition, such as depression, schizophrenia or anxiety disorder	55
<input type="checkbox"/>	A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches	56
<input type="checkbox"/>	Please tick if unable to use stairs	
<input type="checkbox"/>	You are Deaf or have a serious hearing impairment	57
<input type="checkbox"/>	You are Blind or have a serious visual impairment uncorrected by glasses	58
<input type="checkbox"/>	A disability, impairment or medical condition that is not listed above. <b>Please provide more information below, or on a separate sheet</b>	96

Further information:

Have you undertaken a formal assessment? Please tick.

**Yes**  **No**  (This may be requested to support reasonable adjustments)

PLEASE TICK		Earlybird	<input checked="" type="checkbox"/>	Standard £	<input checked="" type="checkbox"/>	Earlybird	<input checked="" type="checkbox"/>	Standard £	<input checked="" type="checkbox"/>
No	Payment Deadline	SPTI rate		SPTI rate		Non-SPTI		Non-SPTI	
1	20 <sup>th</sup> Oct 18	£225		£240		£250		£270	
2	20 <sup>th</sup> Dec 18	£225		£240		£250		£270	
3	20 <sup>th</sup> Feb 19	£225		£240		£250		£270	
4	12 <sup>th</sup> Apr 19	£225		£240		£250		£270	
All 4		<b>£900</b>		<b>£960</b>		<b>£1000</b>		<b>£1080</b>	

As places are limited on this course, please can interested applicants contact Admissions immediately in order to secure a place. **Full payment or a deposit of £50 per workshop is required to secure your place.**

**Payment by \*cash/cheques**  
\*delete as appropriate

Please make **cheques** payable to **SC&P**  
Cash can only be accepted in person at Thiskney House.  
Please ensure you have the correct amount.

**Payment by bank transfer**

**NATWEST**, 134 Front St, Arnold, Nottingham  
Sort code: **54-21-51**;  
Account Number: **30516935**  
Payment reference: '**CTRA, Surname, Name**'

**Communication and Marketing**

We may send you marketing information about SPTI courses, programmes and events. These may be similar or related to those on to which you are enrolled pursuant to this application and will be sent via email or post. For example, this may include dates for similar courses or information regarding other training and progression opportunities.

If you agree to be contacted in this way, please tick the relevant boxes:

I agree to be contacted by Post  I agree to be contacted by Email

**Declarations (Please sign your official signature – typed names are not accepted)**

By signing below, you are declaring that the information included within this application is a true and accurate record

<b>Signed:</b>	<b>Date:</b>
I confirm that I have read and understood the SPTI privacy notice <a href="http://spti.net/institute/privacynotice.shtml">http://spti.net/institute/privacynotice.shtml</a>	
<b>Signed:</b>	<b>Date:</b>