

**Student Application Form****Foundation Access Course**

Academic Year of Entry

 2017/18 November 2017 **2017/18** January 2018**Personal Information**

Full Name <i>(Full legal name)</i>	<i>(Please note that this name will be used for official documents e.g. certificates)</i>		
Informal Name <i>(To be used for correspondence, Moodle & email account)</i>	Gender		
Address	Date of Birth		
	Info Eve/Day Date Attended		
Postcode	Home Telephone	Mobile Telephone	
Email address			
Where did you hear about us?			

Higher Education Qualifications (Level 4 / Undergraduate and above)

Organisation Name & Address	Start	End	Subject	Level	Grade	Date Passed

Other Qualifications (School / College / Adult)

Organisation Name & Address	Start	End	Subject	Level	Grade	Date Passed

English Language Qualifications

Is English your first Language? <input type="checkbox"/> Yes <input type="checkbox"/> No		If English is not your first language Please provide details of your English Language qualifications		
	IELTS	TOEFL	OTHER (Please specify)	
Grade/Level/Score				
Date Passed				



Student Application Form

Professional Experience

Organisation Name & Address	Nature of work	Paid / Voluntary	Date From	Date to

Other Experience

Organisation Name & Address	Nature of work	Paid / Voluntary	Date From	Date to

Have you received counselling or psychotherapy

Yes No *If Yes, please provide details*

Referees

We require two supporting references. Please take responsibility for forwarding Reference Front Sheets to your chosen referees requesting them to return the completed forms together with letters of reference directly to Admissions as soon as possible.

*The first reference should be from your current/most recent employer and/or academic institution; Ideally the referee will have known you for at least two years. The second reference should be from another impartial source. Please note that references from family members and friends are not usually acceptable. Both references should be provided on **headed paper**, be signed by the referee and returned to the Sherwood Institute together with a reference front sheet. References should clearly state the full legal name of the applicant.*

First Referee		Second Referee	
Name		Name	
Job Title		Job Title	
Organisation		Organisation	
Address		Address	
Relationship to applicant		Relationship to applicant	
Length of time known		Length of time known	
Email		Email	
Telephone		Telephone	



The Sherwood Psychotherapy Training Institute

Student Application Form

Personal Statement

Please describe your reasons for wanting to embark on this course at this time in your life

Please describe personal strengths and attributes which you believe will assist you in relation to your selected Programme of study, together with any personal limitations and/or characteristics you believe may impede you.

Please include anything else you want us to know about you and/or additional comments



Student Application Form

Disability

It is important that you tell us if you think you are a disabled person so that we can make arrangements for reasonable adjustments where appropriate. This information will not adversely influence your application. Do you consider yourself to have a disability/learning difficulty? **Yes** **No**

<input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyspraxia <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Dysgraphia	<input type="checkbox"/> AD(H)D <input type="checkbox"/> ASD <input type="checkbox"/> Asperger's <input type="checkbox"/> Other:	Have you received a formal Assessment? I have enclosed a copy of my report <input type="checkbox"/>	
<input type="checkbox"/> Deaf <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Blind <input type="checkbox"/> Partially Sighted	<input type="checkbox"/> Mental Health <input type="checkbox"/> Depression, <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Other	<input type="checkbox"/> Physical Impairment / mobility difficulties <input type="checkbox"/> Walking aids <input type="checkbox"/> Wheelchair user <input type="checkbox"/> Unable to use stairs	<input type="checkbox"/> Long standing illness <i>Cancer, HIV, ME, Asthma, Epilepsy, Diabetes, Chronic Heart Disease, Other</i> <i>Please provide details if not listed</i>

If you wish to provide further information, please use the space below or enclose details with your application

DSA (financial support) is only available to students on either the BSc or MSc Programmes. More details can be found here: <https://www.gov.uk/disabled-students-allowances-dsas/how-to-claim>

Criminal Convictions

Have you ever been convicted, cautioned, bound over or do you have a conviction pending in any respect of any criminal offence?

Yes No

If **YES**: Applicants are required to obtain and complete a separate proforma (DBS01) "Written Statement Regarding Declaration of Criminal Convictions". This document forms part of the SPTI CRRP pack and should be requested from the Admissions Office directly or can be downloaded from the Application page of the SPTI website <http://www.spti.net/training/application.shtml>. This completed form should be submitted in a separate, named, sealed envelope marked "Strictly confidential CRRP information - FAO FAC, Programme Leader only". Please remember to include the course title.

Note:

1. Applicants are advised under the provision of the Rehabilitation of Offenders Act 1974, (Exceptions) Order 1975 and the Police Act 1997 that a person should declare ALL convictions where working with vulnerable adults or children.
2. Disclosure of a criminal record does not automatically debar applicants from consideration. The offence will only be taken into account if it is considered to be one that would make the applicant unsuitable for the type of training for which they have applied.
3. The information provided will be treated as strictly confidential and will be considered only in relation to this application for training.
4. Applicants to our MSc and BSc Psychotherapy and Counselling programmes are advised that they will be required to make a full disclosure during the application and interview process **and** that SPTI will require them to undertake DBS checks if offered a place.
5. The responsibility to disclose a criminal record rests with the applicant. Applicants who fail to disclose a conviction and whose subsequent DBS check reveals undisclosed convictions, cautions, reprimands and/or warnings may have their offer withdrawn, or their registration terminated.

Declaration

By signing below you are declaring that all the information you have provided in the completion of this application form is correct

Signed:

Date:

Applications must be returned with your signature



Student Application Form

EQUAL OPPORTUNITIES MONITORING – THIS FORM WILL BE KEPT SEPARATELY

Foundation Access course
Academic Year of Entry
 2016/17
 2017/18

The information you provide may be stored on SPTI computers in compliance with the Data Protection Act. This information will not influence your application.

Race and Ethnicity*

All of the classifications below are provided from HESA (Higher Education Statistics Agency). Please tick the appropriate category

White <input type="checkbox"/> White (10) <input type="checkbox"/> White Gypsy or Traveller (15)	Mixed <input type="checkbox"/> White & Black Caribbean (41) <input type="checkbox"/> White & Black African (42) <input type="checkbox"/> White & Black Asian (43) <input type="checkbox"/> Other mixed background (49)
Black or Black British <input type="checkbox"/> African (22) <input type="checkbox"/> Caribbean (21) <input type="checkbox"/> Other (29)	Chinese <input type="checkbox"/> Chinese (34)
Asian or Asian British <input type="checkbox"/> Indian (31) <input type="checkbox"/> Pakistani (32) <input type="checkbox"/> Bangladeshi (33) <input type="checkbox"/> Other Asian Background (39)	Arab <input type="checkbox"/> Arab (50)
Other <input type="checkbox"/> Other Ethnic background (80) <input type="checkbox"/> Not Known (90)	Information Refused <input type="checkbox"/> Information refused (98)

If these categories seem inappropriate or inadequate to you, how would you wish to describe yourself?

How would you describe your sexual orientation?

<input type="checkbox"/> Bisexual (01)	<input type="checkbox"/> Gay woman / Lesbian (03)	<input type="checkbox"/> Other (05)
<input type="checkbox"/> Gay Man (02)	<input type="checkbox"/> Heterosexual (04)	<input type="checkbox"/> Information refused (98)

Would you describe yourself as a practising member of any of the following religions?

<input type="checkbox"/> No religion (01)	<input type="checkbox"/> Christian: Presbyterian Church in Ireland (06)	<input type="checkbox"/> Hindu (10)
<input type="checkbox"/> Buddhist (02)	<input type="checkbox"/> Christian: Church of Ireland (07)	<input type="checkbox"/> Jewish (11)
<input type="checkbox"/> Christian (03)	<input type="checkbox"/> Christian: Methodist Church in Ireland (08)	<input type="checkbox"/> Muslim (12)
<input type="checkbox"/> Christian: Church of Scotland (04)	<input type="checkbox"/> Christian: Other denomination (09)	<input type="checkbox"/> Sikh (13)
<input type="checkbox"/> Christian: Roman Catholic (05)		<input type="checkbox"/> Spiritual (14)
		<input type="checkbox"/> Any other Religion/Belief (80)
		<input type="checkbox"/> Info Refused(98)

Do you feel discriminated against in the application procedures for this course?

Yes No If Yes, in what way? _____

Any additional comments?
