



# Course Application Form

## Course Application

Please tick  or highlight your chosen course & Year of entry:

- BSc (Hons) in Counselling & Psychotherapy (BACP accredited)
- MSc in Integrative Psychotherapy (UKCP)
- MSc in Person-Centred and Experiential Psychotherapy (UKCP)
- Diploma in Clinical Supervision (SPTI)

Academic Year of Entry

2017/18

2018/19

I have enclosed my completed APL (Accredited Prior Learning) form to apply for direct entry into  Year 2  Year 3

## Personal Information

<b>Full Name</b> <i>(Full legal name)</i>	<i>(Please note that this name will be used for official documents)</i>		
<b>Informal Name</b> <i>(To be used for correspondence, Moodle &amp; email account)</i>	<b>Date of Birth</b>		
<b>Address</b>	<b>Please confirm your Gender</b>		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
	<b>Is your Gender the same as at birth?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Info Refused
<b>Postcode</b>			
<b>Home Telephone</b>	<b>Mobile Telephone</b>		
<b>Email address</b>			
<b>Where did you hear about us?</b>	<b>Info Day Date Attended</b>		

## Counselling Qualifications (include any courses you have yet to complete)

Organisation Name & Address	Start	End	Subject	Level	Grade	Date Passed

## Higher Education Qualifications (Level 4 / Undergraduate and above)

Organisation Name & Address	Start	End	Subject	Level	Grade	Date Passed



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## 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 <b>not</b> your first language Please provide details of your English Language qualifications		
English Lang Qual	IELTS	TOEFL	OTHER (Please specify)	
Grade/Level/Score				
Date Passed				

## Professional Experience

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



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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 can be from another 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	
<b>Name</b>		<b>Name</b>	
<b>Job Title</b>		<b>Job Title</b>	
<b>Organisation</b>		<b>Organisation</b>	
<b>Address</b>		<b>Address</b>	
<b>Relationship to applicant</b>		<b>Relationship to applicant</b>	
<b>Length of time known</b>		<b>Length of time known</b>	
<b>Email</b>		<b>Email</b>	
<b>Telephone</b>		<b>Telephone</b>	



The Sherwood Psychotherapy Training Institute

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### Personal Statement

Please describe your reasons for wanting to embark on this course at this time in your life  
*(Please continue on a separate sheet if necessary)*

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 continue on a separate sheet if necessary)*



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Please outline ways in which you believe the psychotherapy/counselling approach you have decided to apply to study relates to your own personality and experience. Do not hesitate to comment on any areas of 'conflict' as well as those of 'fit'.

Please note; you are not expected to know a vast amount about the approach, and it is expected that your comments will reflect your current understanding. This question reflects our belief that the 'fit' between the person and the core theoretical approach is important in training.

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

## Nationality / Residency

<b>Country of Birth</b>		<b>Nationality</b>	
Do you have a UK Passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , which country issued your passport?		Please include copies of all non UK passports (front as well as the photo ID page)	
Do you have the <b>right to reside</b> (live) in the UK?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been <b>ordinarily resident</b> in the UK/EU/EEA for the <b>past three years</b> for the purpose <b>other than study</b> ?		<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , list all the countries you have lived in below	

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

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



# Course 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 and/or 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* <b>Complete further Info</b>	<i>Have you received a formal Assessment?</i>	
<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* <b>Complete below</b>	<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"/> Other (Please	<input type="checkbox"/> Long standing illness <i>Cancer, HIV, ME, Asthma, Epilepsy, Diabetes, Chronic Heart Disease, Other</i> <b>Please complete further Info</b>

*It would be helpful if you could provide **further information** in the space below or enclose details.*

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 (Including DBS - Disclosure & Barring Service - formerly CRB)

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 form "**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.shtm>. This completed form should be submitted in a separate, named, sealed envelope marked "*Strictly confidential CRRP information - FAO 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 of the information you have included as part this application is correct**

<b>Signed:</b>	<b>Date:</b>
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Applications **must** be returned with your **official signature** (*typed names will not be accepted*)



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## EQUAL OPPORTUNITIES MONITORING – THIS FORM WILL BE KEPT SEPARATELY

Please tick  or highlight your chosen course:

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- MSc in Person-Centred & Experiential Psychotherapy (UKCP)
- SPTI Diploma in Clinical Supervision

Academic Year of Entry

2017/18

2018/19

The information you provide may be stored on SPTI computers in compliance with the Data Protection Act. However, this information will be stored separately for statistical analysis purposes only. It will not be considered as part of your application.

### Race and Ethnicity\*

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

<b>White</b> <input type="checkbox"/> White (10) <input type="checkbox"/> White Gypsy or Traveller (15)	<b>Mixed</b> <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)
<b>Black or Black British</b> <input type="checkbox"/> African (22) <input type="checkbox"/> Caribbean (21) <input type="checkbox"/> Other (29)	<b>Chinese</b> <input type="checkbox"/> Chinese (34)
<b>Asian or Asian British</b> <input type="checkbox"/> Indian (31) <input type="checkbox"/> Pakistani (32) <input type="checkbox"/> Bangladeshi (33) <input type="checkbox"/> Other Asian Background (39)	<b>Arab</b> <input type="checkbox"/> Arab (50)
<b>Other</b> <input type="checkbox"/> Other Ethnic background (80) <input type="checkbox"/> Not Known (90)	<b>Information Refused</b> <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?  
 \_\_\_\_\_  
 \_\_\_\_\_

