



THE SHERWOOD PSYCHOTHERAPY TRAINING INSTITUTE

Thiskney House, 2 St James Terrace, Nottingham, NG1 6FW

Email: admissions@spti.net www.spti.net

SPTI Diploma in Clinical Applications of Trauma Theory from a Relational/Developmental context

Full Name:

(Please include your full legal name)

Informal Name:

(If applicable)

Address

Post Code:

Mobile Telephone:

Home Telephone:

Email address

Where did you hear about us?

PROFESSIONAL QUALIFICATIONS

	Dates	Results

EDUCATION

School/College/University	Examinations Passed	Dates	Results

EMPLOYMENT DETAILS please give details of your past employment/self-employment, excluding your present or last employer, stating the most recent first:

Name and Address of Employer	Nature of Work and Position Held	Paid/ Voluntary	Dates	Reason for leaving

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PRESENT OR LAST EMPLOYER

<p>Are you currently employed?</p> <p>Name of present or last employer:</p> <p>Address:</p> <p>Telephone Number:</p> <p>Nature of business:</p> <p>Job title & brief description of duties:</p> <p>Reasons for leaving:</p> <p>Length of service:</p>	<p style="text-align: right;">YES / NO</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>From: _____ To: _____</p>
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CURRENT PROFESSIONAL CONTEXT

-Please describe briefly the current professional context within which you are working and which will relate to this training:

Please give details of membership/accreditation with any technical or professional associations:

REFEREE

We require a supporting reference which should be from your current/most recent employer or academic institution. Please note that references from family members and friends are not usually acceptable.

Name:

Address:

Job Title/Occupation:

Organisation:

Relationship to Applicant:

Email:

Telephone:

PERSONAL STATEMENT

Please describe briefly:

- *why you wish to do this course.*
- any relevant professional experience (previous or current) which will support you with this training.*

(use separate sheet if necessary)

NOTE:

DECLARATION

I declare that the information given in this form is complete and accurate. I understand these details will be held in confidence by the Company, for the purposes of on-going course administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

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

Signed:		Date:	
Printed:			

Please return the completed form to:
The Sherwood Institute, Thiskney House, 2 St James Terrace, Nottingham, NG1 6FW, UK
Telephone: +44 (0) 115 844 7904
Email: admissions@spti.net www.spti.net

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