

Application Form

Applicants wishing to attend a TA 101 Workshop only need to complete sections 1, 2, 9, 10 and 13.

1. COURSE APPLIED FOR _____

Start Date: _____ TA 101 Workshop Date: _____

2. PERSONAL DETAILS

Title: Dr/Mr/Mrs/Miss/Ms/Other _____ First Name(s): _____

Surname/Family Name: _____ Previous surname (if changed): _____

Home Address: _____

Postcode: _____

Tel (home): _____ Tel (work): _____

Mobile: _____ Email: _____

Date of Birth: _____ Gender : Male/Female _____

3. EDUCATIONAL QUALIFICATIONS

State most recent first, attaching copies of certificates/transcripts where possible. For international students these should be in both the original language and official English translation. Do not send original certificates. Continue on a separate sheet if necessary.

Institution Name and Address	Qualification Type	Subjects Taken	Grade Achieved	Date Awarded

Exams yet to be taken/results awaited: _____

4. PROFESSIONAL QUALIFICATIONS

Please give details below of professional registrations (e.g. BACP, UKCP, BPS).

Organisation	Registration Number	Date of first registration

5. ENGLISH LANGUAGE QUALIFICATIONS

If English is not your first language, please give details of the most recent English language course you have taken or intend to take, and give the relevant grade/score for all components.

Course Name	Results	Date

You need to be proficient in the English language in order to succeed on our courses.

6. PAYMENT OF FEES

Please indicate who will pay your fees:

You/a relative Sponsor

Employer (Please specify and give details below)

Manager's name: _____ Manager's signature: _____

Company name: _____

7. EMPLOYMENT AND EXPERIENCE

(List employment / voluntary experiences chronologically, beginning with the most recent.)

Dates	Name of Employer	Position	Paid / Voluntary

8. PERSONAL STATEMENT

Please continue on a separate sheet if necessary

- (A) Why do you wish to undertake this training course at this point in your life? What use do you intend to make of the training?

- (B) Please set out your own assessment of your own strengths and attributes which you believe will assist you as a practitioner as well as the personal difficulties and/or characteristics which you believe may impede you.

- (C) Please discuss your experiences of working with people

9. CRIMINAL CONVICTIONS

MIP meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974. You are therefore required to detail all previous convictions. Criminal records will be taken into account for course applications only where the conviction is relevant. MIP reserves the right to carry out a criminal record check with the Criminal Records Bureau as appropriate.

Have you ever had any criminal convictions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you any criminal convictions which are not yet "spent" under the Act?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you involved in any cases for which details are pending?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered yes to any of the above questions, please enclose details in a separate, sealed envelope marked confidential with your name on it. Disclosed information will be handled and disposed of securely by MIP in compliance with the Criminal Records Bureau Code of Practice, the Data Protection Act and other relevant legislation.

10. PEOPLE WITH DISABILITIES

The Disability Discrimination Act 1995 defines a person as disabled if they have "a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities".

Do you consider yourself to have a disability? Yes No

If yes please specify the nature of your disability and advise if you have any specific requirements in order to train at MIP. (Some examples of impairments that meet the definition of disability under the Disability Discrimination Act 1995 are hard of hearing, partially sighted, severe back problems, arthritis, speech impairment, dyslexia, diabetes, epilepsy, asthma and cardiovascular conditions.)

12. REFERENCES

We require two references. The first reference should be from your current/most recent employer or academic institution. The second reference could be from another source. References from family members and friends will not be accepted.

Full name _____	Full Name _____
Post Held/Occupation _____	Post Held/Occupation _____
Relationship to Applicant _____	Relationship to Applicant _____
Address _____	Address _____
_____ Postcode _____	_____ Postcode _____
Telephone _____	Telephone _____
Email _____	Email _____

Both references must be provided on headed paper, be signed at the bottom by the referee and included with this application form. References should clearly show the full legal name of the applicant.

13. DECLARATION

Any statements on this form which prove to be untrue or purposely misleading may cause the application to be cancelled. Furthermore, if inaccuracies are highlighted at a later stage, we retain the right to retract any offer made or terminate the training contract with no refund of fees.

Declaration: I confirm that the information given in this form is true, complete and accurate. No information requested or other material information has been omitted. Under the terms of the Data Protection Act 1988 the personal information supplied by you will be treated in confidence but used internally for registering and statistical purposes. You may from time to time receive additional information or survey questionnaires.

Applicant's signature _____ Date _____

CHECKLIST

1. Complete the application form in full and sign and date the declaration above
2. Ensure references have been completed in accordance with the instructions in section 10 and attached to this form.
3. Enclose your cheque for £50 (non-refundable/non-transferable TA 101 Workshop cost)

Please return this completed application form to: Manchester Institute for Psychotherapy, 454 Barlow Moor Road, Chorlton, Manchester, M21 0BQ; Tel: 0161 862 9456; email: bob@mcpt.co.uk; website: www.mcpt.co.uk

Equal Opportunities Monitoring Form

ETHNIC ORIGIN: How would you describe your ethnic origin? (tick one box)

ASIAN OR ASIAN BRITISH

Bangladeshi Pakistani Sri Lankan Tamil Afghani Indian Sinhalese Any other Asian background

WHITE

Albanian Kosovan British Irish English Traveller Irish Traveller Roma Any other white background

BLACK OR BLACK BRITISH

Caribbean Ethiopian Ghanaian Nigerian Somali Any other African background Any other Black background

DUAL HERITAGE

White and African White and Asian White and Caribbean Any other Dual background

OTHER ETHNIC GROUPS

Arab Chinese Iranian Iraqi Kurdish Lebanese Any other ethnic group Not known Information refused

GENDER PREFERENCE: I would describe myself as: (tick one box)

Lesbian Homosexual Bisexual Trans-gender Heterosexual I do not wish to respond to this question