**2017**

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

**MIP INTERNAL PLACEMENTS - GUIDELINES**

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**INTRODUCTION TO MANCHESTER INSTITUTE FOR PSYCHOTHERAPY -**

**GUIDELINES FOR PLACEMENT USERS**

This guide is a supplement to the Placement Handbook (2017).

Within this guide we have included salient points for placement users at MIP. It also includes important documentation such as the placement application form for trainees who wish to apply for a “placement” with the Manchester Institute.

The “placement” itself will include up to 3 clients - we can’t promise to get the 3 clients simultaneously. However, you will start with at least one client and hopefully within six weeks you will have a “placement” of 3 clients.

In some situations we may offer four clients within the MIP “placement”. However, that will be the exception rather than the norm.

The placements will take place at the Manchester Institute for Psychotherapy at Chorlton. However, at the time of speaking I am looking for a Manchester Institute for Psychotherapy “second site” where placements may be seen.

Placements are **100 hours** in totality, 50 minutes per hour.

It is important to note that if you take on a placement at the Manchester Institute for Psychotherapy you will be obliged to continue with your placement client for the allocated **100 hours** even if you have achieved collectively the **100 placement hours** which MIP asks for graduation purposes.

(Again, it is important to note here that in practical terms clients do not always stay for the whole 100 hours they are allocated).

The placement is a unique opportunity to experience an “apprentice” style of training whilst you are continuing your four year diploma in Transactional Analysis.

A vital part of this unique opportunity is to be able to not only gain valuable clinical hours, which is part of your training requirement, it is also an opportunity to give something back to the community, especially in the population that we serve in terms of low income.

**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY -**

**ROLE AS A PLACEMENT PROVIDER**

In 2016, MIP officially became a “Placement Provider” and we turned the already established low cost clinic into the vehicle for the placements system.

This was necessary because as we became an organisational training organisation for UKCP they required trainees on our courses to do a “official placement experience”. This meant that we needed to fit into the UKCP guidelines on placement providers within psychotherapy training in the UK.

In the establishment of MIP becoming an official Placement Provider, we have put into operation a robust system which is outlined in the MIP Placement Handbook and this is a supplementary guide to that main document.

A Placement Provider needs to provide a Hierarchical system of containment, security, monitoring and safety for the new trainee.

A Placement Provider to meet the above focus needs to offer supervision, monitoring, and an accountability process for the new trainee/psychotherapist.

Therefore, the Placement Provider will offer a structure and system for the new placement trainee to work within, grow and develop in their journey to be a Psychotherapist.

**NECESSARY MEMBERSHIP WITH REGARDS TO APPLICATION FOR MIP PLACEMENTS**

\* Membership of the Manchester Institute of Psychotherapy.

\* Membership of either United Kingdom Association of Transactional Analysis or United Kingdom Council of Psychotherapy.

It is important that anyone working within the Manchester Institute Placement system is part of a professional body in terms of accountability, growth, and learning, as well as having access to the ethics and complaints procedures within our organisation.

We would expect anyone applying for a MIP Placement to be part of one of the above organisations, if not both, to adhere to the above point of reference.

At the point of writing, the Manchester Institute , United Kingdom Association of Transactional Analysis and United Kingdom Council of Psychotherapy do yearly membership schemes which run from October 1st to October 1st.

Cost varies. The Manchester Institute fee is £45 for membership and is included in the overall annual cost of training.

The United Kingdom Association of Transactional Analysis yearly fee is £75 for student membership though they charge more for clinical membership. The United Kingdom Council of Psychotherapy student membership is at present “free” to the applicant and their clinical membership is at time of writing £165 pa.

It is important to note that for all the organisations they provide access to necessary committees for the trainee as well as psychotherapy magazines which are included in the membership price, and of course you will be part of a networking system within that organisation.

**PLACEMENT HOURS**

1. As said earlier in this booklet, your placement for graduation from MIP needs to be within a recognised provider and **100 clinical hours** collectively, though if you work from the Manchester Institute you will be obliged, and have a duty of care, to continue with the contractual obligations of your clients even if you have achieved the 100 hours above. This may mean that you do well over the minimum 100 hours stated by MIP for graduation purposes.

2. This can only be a good thing as it will give you more clinical experience per se, and if you intend to go for UKCP accreditation or indeed UKATA accreditation, you will need 450 hours or 750 hours respectively in terms of clinical hours.

3. To record the clinical placement hours, you will need to keep a “record” of the hours that you have achieved and with the specific client. This would include dates of start and finish dates. This will be needed for evidence purposes.

4. If you don’t do the placement at the Manchester Institute for Psychotherapy you would still need to produce an evidenced record of the clinical hours that you have accumulated which will need to be produced for graduation purposes from MIP.

**PLACEMENT CLIENTS WHO DNA OR/AND LEAVE THE THERAPEUTIC CONTRACTUAL PLACEMENT BEFORE THEIR ALLOCATED TIME**

Placement clients are offered a placement at MIP which is in two consecutive six months blocks, which equals **50 hours** in totality.

The placement trainee will review the contract after six months and offer a further six months if needed to the placement client.

Placement clients who DNA or/and leave the therapeutic contractual placement before their allocated time, whether it be in the initial stages of the placement or mid-way through their placement, there still needs to be an account of the work the placement trainee undertook in the placement process.

This will take the form of short reports, longer reports and the mini case study.

If the placement client leaves the therapeutic placement within the first six sessions of commencing the placement the placement trainee will need to provide a short report no longer than 500 words to the placement provider (MIP).

If the placement client leaves after six sessions the placement trainee will need to provide a longer report no more than 1000 words to the placement provider (MIP).

The placement trainee will need for graduation purposes to provide a mini case study of no more than 3000 words of one of their placement clients, and it will need to be handed in to MIP before 30th April of their fourth year of training.

On a final note it is imperative that the placement trainee informs the placement provider’s office/admin that the respective client has DNAd, whether it be in the first five session period or at a later date.

**PLACEMENT SUPERVISION**

Supervision of your placement clients is imperative in terms of:

1. Your professional learnings and growth as a Psychotherapist

2. To provide protection for both yourself and your client in terms of accountability, training and ethics

3. To provide a place for you to take your concerns, anxieties and learnings of the placement process with your various clients.

4. You will need to have evidenced at least 17 hours of supervision for your MIP graduation.

5. This evidence needs to be signed off by your relevant placement supervisor by a signature for each of the supervision hours or sessions. This will need to be produced at the end of your four years and needs to be updated on a yearly basis and eventually handed in by 30th April of the fourth year of training.

6. Placement Supervision needs to be with a UKCP accredited and registered supervisor.

7. If you intend to take the European CTA which is recognized by UKATA and UKCP, you will need to have a supervisor that has a Transactional Analysis Certified Diploma (CTA).

8. You will need to inform the Placement Provider (MIP) the name of your supervisor.

9. The supervisor will need to sign any respective forms which are needed for MIP purposes.

10. The placement supervisor will need to inform the Placement Provider (MIP) if they have any concerns over the clinical progress and practice of the placement trainee.

11. The Placement Provider (MIP) will recommend relevant placement supervisors to the placement trainee at the beginning of their placement.

12. The placement trainee needs to see the placement supervisor at least one session before the placement in reality actually begins.

13. The ratio for placement supervision is 1:6 in terms of clinical hours. In normal practice this will mean that the placement trainee needs to see the placement supervisor one hour per month whilst working for the Placement Provider (MIP).

14. Supervision can be done through taking session notes and learnings to the supervisor with regards to the placements client.

15. Supervision may also be done through not only discussion of notes, treatment and diagnosis but also by evaluation of audio recordings that the placement trainee has recorded with their placement client.

16. Any audio recordings of the placement clients that the placement trainee takes to their placement supervisor must be signed off in terms of a bilateral agreement with the placement client and the placement trainee for permission of use.

17. It is imperative that the placement trainee keeps copies of the above documentation for further evidence if need be.

18. Your placement supervision may be by individual placement supervision or can be undertaken in a placement supervision group.

19. In terms of counting hours for MIP purposes and UKCP purposes, vicarious supervision hours **will** count. In other words, if you are in a three hour group you will be able to count the three hours for supervision purposes and that needs to be evidenced by the placement supervisor’s signature.

20. The Placement Provider (MIP) will pay full contribution towards the placement trainee’s supervision, and the supervisor will need to invoice the organisation in terms of payment.

21. The placement trainee must in all circumstances let their placement supervisor know as soon as is possible any safeguarding issues that have occurred within their placement sessions. It is imperative that they don’t wait to report the safeguarding issues to their supervisor at the next supervision session as this could be at least four weeks.

22. Again, it is imperative that the placement trainee has negotiated with their placement supervisor that they can either by email or text let the supervisor know of any concerns of anxieties at a clinical level that they feel can’t wait for their next supervision session - it is important to keep the placement supervisor aware of any clinical concerns.

**MID TERM REVIEWS**

Mid term reviews are necessary in terms of:

1. The placement trainee’s learnings, training, feedback and ethics.

2. The Placement Providers summary of the placement trainee’s progress in terms of viability of placements progress and competencies.

3. In terms of protection, accountability and placement trainee’s effectiveness.

4. A full version of the mid term review is to be found in the Placement Handbook. Any questions with regards to this please contact the Placement Co-ordinator or the training organisation.

5. The mid term review needs to be filled in, signed and handed in to the training organisation when 50 hours of clinical practice on a collective basis is fulfilled. There then needs to be a feedback process undertaken by the training organisation (trainer) and the placement trainee with regards to their placement trainee’s progress within their placement.

6. This can be done either within a training weekend or by skype or email etc.

7. These mid term reviews will be filed throughout the two years of placement and will also be used in terms of monitoring and evaluation of progress.

8. These reviews are an essential part of the placement process and are one of the ways the training organisation and the Placement Provider are able to provide a monitoring and learning process so it is imperative that these reviews are kept up to date and are used as a way of bilateral learning.

**PLACEMENT PROVIDER (MIP) LOGISTICS AND ADMINISTRATION**

1. The Placement Provider (MIP) will aim to provide at least three clients to the placement trainee.

2. In order to do this the Placement Provider administration and filing system is of high importance.

\* MIP as the Placement Provider will provide an admin file for each of your placement clients. In this file will be Grounds Rule for Therapy, Client Contact details form, a Recording Contract form and a Three-Way Contract form for you to fill out with your client.

\* MIP provides a Placement Record Book where each placement trainee will record in the respective log after each session with their placement client, and this will include the Placement Trainee’s name, Placement Client’s Name, the Date of the Placement Session and the fee paid.

\* The above administrative documentation and record book will be found in the Placement filing cabinet which is in the Placement Provider’s (MIP) administrative office.

\* The admin file referenced above is not for keeping of placement clients notes or theoretical underpinnings, it is simply to store the documentation stated above.

\* The placement trainee is expected to have their own personal file for professional learnings with regards to each client which will help them in their trainings, theoretical discussions and competencies.

\* It is expected that the placement trainee will keep their personal files of their clients in a secure place within their own domestic setting. They will need to take some of their notes and learnings to their placement supervisor in terms of professional growth and feedback.

\* Each placement client which is allocated to the placement trainee will pay £15 for their 50 minutes session. This will be evidenced in the Placement Record Book and the fee will be left in the placement provider’s cash box. Please note that the placement client’s fee needs to be paid by cash or cheque as the trainee will have no access to a customer card payment system.

\* If for any reason the client is unable to attend on time the session will be forfeited. The placement trainee is not permitted to reschedule without authorisation from the organisation.

\* It is the placement trainee’s responsibility to take the monies from the placement client and leave it in the cash box for MIP’s admin.

\* If the placement client forgets to pay, or does not pay for their session they will need to pay next time they come and the placement trainee needs to inform the MIP office that this has been the case and make a note in the Placement Record Book.

Please note that the fee is £15 for the 50 minutes session irrespective of whether the placement client only stays for 49 minutes or 5 minutes.

It is the responsibility of the placement trainee to keep to the 50 minutes boundaries and not to go over time in any circumstances.

**CLIENT CANCELLATION**

\* If the client cancels their session they will need to tell the organisation either by email or telephone 0161-862 9456 at least 48 hours before cancellation.

\* If they do this then there will be no charge. Otherwise, they will be expected to pay double at the next session.

\* If the placement client cancels it is imperative that the placement trainee informs the Placement Provider (MIP) of this case in order that MIP is being kept abreast of cancellations and missed appointments.

\* If the client misses more than three sessions they will lose their placement and it will be handed to the next person on the placement list unless it has been negotiated and agreed by the placement trainee. It is the duty of the placement trainee to inform the organisation MIP of any cancellations and missed appointments by the client.

The above is of utmost importance as there is a long waiting list for placements.

**PLACEMENT ROOMS**

Rooms at MIP are at a premium as there are over 21 therapists working from MIP in some capacity whether it be one hour, one day, two days, three days or even a week.

I have attempted to keep some rooms free for the placements system. This can only be maintained if the following framework is adhered to.

1. The placement therapist keeps to their allocated room which is given to them at the time of commencement of their clinical placement. IE you will be given a placement at a designated hour (50 minutes) and you will be expected to keep to that hour in all circumstances. If there is to be a change, this HAS to be first of all negotiated with MIP administration for three reasons - (a) lack of rooms, (b) we need to know where the placement trainee and placement client’s clinical placement is taking place, and (c) in terms of continuity, containment and structure.

2, In terms of placement rooms and venue, all placement work takes place at the Manchester Institute in the designated room at the hour you are given.

3. In terms of keys, if you are seeing your placement after 5.00 pm you will be given a key from MIP Admin. There will be a £25 deposit for the key which will be given back at the end of the placement.

4. It is imperative that all placement trainees keep to the time/hour designated for them with regards to their placement. As said above, this cannot be changed unless there are extreme circumstances which will need to be negotiated with all parties.

**ILLNESSES AND ABSENCES**

It is important to note that all placement trainees working at the Manchester Institute for Psychotherapy and undertaking their placement journey need to inform the Placement Provider (MIP) if they are not able to attend for their placements.

It is also important that the placement trainees inform the placement provider if the placement clients are not coming due to illness or perceived absence.

The above is imperative in terms of keeping check of clients’ absence, illness and continuity. Also, it is important for the admin staff at MIP to keep track of who is working in what room.

Rooms are of a premium at the Manchester Institute for Psychotherapy and moving rooms for any circumstances becomes a logistical difficulty.

**WORKING WITH PLACEMENT PROVIDER CLIENTS AFTER COMPLETION OF PLACEMENTS AND CLIENT AFTER-CARE**

**\*** It is important the placement provider to recognise that their placement with their client ends at the allocated contracted period, and that the client has come through the placement provider network.

\* Therefore, the placement provider client will need to terminate at the end of the contract and this needs to be factored in and recognised by the placement trainee and the necessary adjustment and time for a considered ending needs to take place.

\* The placement trainee will not be able to work therapeutically with the placement client after their placement has ended.

\* If the placement client needs to continue their therapeutic work on a private basis they will need to go into the MIP Assessment Procedure to be allocated a psychotherapist from MIP at the usual rate of the therapists at MIP, at the time of writing £45 to £65. The bottom end is £40. No therapists at MIP work under £40 though in some circumstances I might be able to negotiate with a client at a reduced rate, maybe £30 to £35.

**Manchester Institute for Psychotherapy**

**Ground Rules for Therapy**

No drinking of alcohol.

No taking of non-prescribed drugs 24 hours before sessions.

No violence to self or others.

Respect the fixtures and fittings in the room no breakages unless paid for prior to breaking.

No eating.

No smoking.

Mobile phone should be switched off

Clients should endeavour to arrive on time, if they are more than 10 minutes late and haven’t informed the office at MIP, the therapist will assume the session is cancelled and the fee will be still due for the session.

Some or all sessions will be taped.

If a client is absent for more than 3 weeks then the placement will be terminated.

* *Continued Regular Attendance, or your place will be reallocated.*
* *Payment to be made weekly*
* *Therapy contract will be terminated if clients are in danger of harming themselves, putting others at risk or going crazy.*

**The Manchester Institute for Psychotherapy**

***Low Cost Clinic - September 2010.***

**Three Way Contract at the Manchester Institute of Psychotherapy**

**For The Low Cost Clinic**

This is a Three Way Contract for therapy between the client, the trainee in advanced psychotherapy training (known as the student) and the Manchester Institute of Psychotherapy (MIP)

**MIP** will:

Initially have the written confirmation of the student’s tutor that the student is competent to practice.

Ensure the student is in regular supervision, will monitor and evaluate the student’s clinical practice.

Advise the client if there are grounds for discontinuing the placement, eg. If the student leaves the training.

Provide a suitable venue.

Provide a secure filing system.

Provide a minimum of one and no more than three clients for the maximum of one year.

**The Student** will:

Attend MIP training; remain in regular therapy and supervision.

Attend meetings that are pertinent to the Low Cost Therapy Clinic.

The student will ensure that they practice and abide to the MIP’s Codes of Ethics and Professional Practice.

The student is responsible for completing the client information form and filing notes on sessions.

Report to MIP and their supervisor any issues that may impact upon their ability to practice.

The student may not under any circumstances see the client after the period of twelve months or move the client to another practice without prior permission of MIP.

**The Client** will:

Inform MIP if their financial circumstances change.

Pay the appropriate fee to MIP weekly.

Inform MIP if they are unable to attend the session.

The fee is still payable if less than 48 hours notice is not given to MIP.

Attend therapy sessions for a period in 6-12 months blocks, with a minimum of six months and a maximum of 12 months.

At the end of the work a final session to be attended and paid for to ensure an appropriate and mutually satisfactory ending is made.

One session to held weekly over the maximum period of one academic year.

The client cannot see the student at any other practice except MIP.

Recordings/Questionnaires completed maybe used for supervision/research purposes and my identity will not be disclosed at any time.

**Course Tutor........................................** on behalf of MIP I believe that …………..................................

is competent to practice

Signature..........................................

Date ..............................................

**Client** I, ..............................have read and understood the contract

Signature ................................................................ Date ……………………………………….

**Student,** I, ............................................................ .have read and understand the contract, I will abide by the MIP Code of Ethics and Practice and the practice of MIP Low Cost Therapy Clinic

Signature ................................................................ Date ……………………………………….

*It is the responsibility of the student to get this contract signed by each party, then for it to be photocopied, and one copy for MIP (to be kept in client file) and another for the client to be given within 4 weeks. At any time I understand my supervisor may check the files to ensure these and other paperwork are complete.*

**Recording Contract**

I, …………………………………………….. have been asked to give my consent for recordings of my sessions with ………………………………………………….. to be recorded.

I understand that it is ordinary for students to record sessions and this is necessary for reflective practice, supervision, research practice and examinations.

I understand that I can withdraw my consent at any time and I have been assured that if this is my choice, this will not impact upon the therapy.

I have the choice to ask for all previous recordings to be erased at any time, the exception being if it is one calendar month before an examination. However, the recording will be erased immediately after the completion of the examination.

The recordings will only be used for clinical supervision, research or examination purposes. They will not be heard by anyone who is not bound by a professional code of ethics and confidentiality.

I understand that identifying information, such as my name, names of others, places and other details will be changed to protect me.

I understand that the student will be responsible for the safety of the recordings, keeping them safe and secure. This includes the use of passwords if the recordings are kept on a memory stick, PC or laptop and registered with the ICO.

I understand that the recordings will be erased when the student has completed their training at the very latest.

I confirm that I have not been put under any pressure to consent to recording.

I give my consent to the recording of my sessions.

Student’s Name ….……………………………….. Date ............................................

Signature …………………………….

Client’s Name …….………………………………… Date ……………………………….

Signature ………………………….

*Two photocopies of this contract are to be made by the student, one for the client and the second for the student’s record. The original is to be filed at MIP.*

**PSYCHOTHERAPY AND COUNSELLING - CLIENT CONTACT DETAILS**

**THERAPIST’S NAME :**

**DATE :**

|  |  |
| --- | --- |
| **Name:** |  |
| Address : |  |
| Date of Birth |  |
| Telephone No. Home |  |
| Telephone No. Mobile |  |
| Occupation |  |
| Martial Status : |  |
| Children ? Age Sex |  |
|  |  |
| Doctors Name |  |
| Doctors Address : |  |
| Doctors Telephone Number |  |

**CLIENT CONTACT DETAILS CONTINUED**

|  |  |
| --- | --- |
| Any past or present physical complaints?  Treatment? |  |
| Any past or present psychiatric complaints?  Treatment? |  |
| Any family history of psychiatric complaints?  Treatment? |  |
| Any past or present counselling or therapy? |  |
| Any serious accidents? |  |
| In trouble with the police? |  |
| Regular exercise? |  |
| Prescribed medication? |  |
| Do you take (have you ever taken)  Non-prescribed drugs? |  |
| Alcohol - units per week ?  When ?  Smoke - number per day ?  Caffeine intake ? |  |
| How much do you know about TA? |  |
| Summary of presenting issues : |  |

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**APPLICATION FORM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 4. **PROFESSIONAL QUALIFICATIONS**  Please give details below of professional registrations (e.g. BACP, UKCP, BPC)   |  |  |  | | --- | --- | --- | | Organisation | Registration Number | Date of first registration | |  |  |  | |

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| 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 success 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 7. **EMPLOYMENT AND EXPERIENCE**  List employment/voluntary experiences chronologically, beginning with the most recent.   |  |  |  |  | | --- | --- | --- | --- | | Dates | Name of Employer | Position | Paid/Voluntary | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

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| 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: |

|  |
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| 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  No  Have you any criminal convictions which are not yet “spent under the Act Yes  No  Are you involved in any cases for which details are pending Yes  No  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. |
|  |

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| --- |
| 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, particularly sighted, severe back problems, arthritis, speech impairment, dyslexia, diabetes, epilepsy, asthma and cardiovascular conditions). |

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|  |
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| 11. **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. |

|  |
| --- |
| 12. **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 (non refundable/non transferable TA101 workshop cost).  Please return the 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 |

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**EQUALITY AND DIVERSITY MONITORING FORM**

**The Manchester Institute for Psychotherapy** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential.

Please return the completed form in the envelope marked ‘Strictly confidential’ to the Manchester Institute for Psychotherapy, 454 Barlow Moor Road, Chorlton, Manchester M21 0BQ.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender** Man  Woman  Non-binary  Prefer not to say 

If you prefer to use your own term, please specify here ……………………………….

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you married or in a civil partnership?** Yes  No Prefer not to say

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age**

**16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐**

**50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your ethnicity**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in: ……………………………………………………..

***Mixed/multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other mixed background, please write in:……………………………….

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in: …………………………………………

***Black/ African/ Caribbean/ Black British***

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in: …………………………………..

***Other ethnic group***

Arab  Prefer not to say 

Any other ethnic group, please write in: ……………………………………………….

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Do you consider yourself to have a disability?***

Yes  No  Prefer not to say

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***What is your sexual orientation?***

Heterosexual  Gay woman/lesbian  Gay man  Bisexual 

Prefer not to say

If you prefer to use your own term, please specify here …………………………….. ………………

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*What is your religion or belief?*

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say

If other religion or belief, please write in: ……………………………………………………………………………….

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***What is your current work pattern?***

Full-time  Part-time  Prefer not to say

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***What is your flexible working arrangement?***

None  Flexi-time  Staggered hours  Term-time hours

Annualised hours Job-share  Flexible shifts  Compressed hours

Homeworking  Prefer not to say  If other, please write in:……………………………….

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Do you have caring responsibilities? If yes, please tick all that apply.***

None  Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)  Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***



**HEALTH & SAFETY FORM**

|  |  |
| --- | --- |
| If you take a student on clinical placement will you ensure that she/he will receive an induction on commencement of the placement? |  |
| Do you have up-to-date professional indemnity insurance? |  |
| Do you have up-to-date public liability insurance? |  |
| Do you have a fire certificate on your premises? |  |
| If you have answered “no” to the above question, have you carried out a fire risk assessment of your undertaking as required by the Fire Precautions (Workplace) Regulations 1997? |  |
| Do you have suitable and sufficient first aid equipment and assistance readily available? |  |
| Do you record and report all accidents, near misses, dangerous occurrences, diseases and violent incidents as required by the Report of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995? |  |
| Has your placement provider ever had legal proceedings taken against it with regards to Health & Safety? |  |
| Are any criminal legal proceedings currently being taken against your placement provider with regards to Health & Safety? |  |

**I confirm that the above statements are correct:**

|  |  |
| --- | --- |
| Name of person confirming the Health& Safety Checklist |  |
| Signature |  |
| Date |  |

**Signatures:**

**On behalf of the Clinical Placement Provider:**

Name of Clinical Placement Provider: ……………………………………………………

Address of Clinical Placement Provider: ……………………………………………….....

…………………………………………………………………………………………………



Contact Telephone Number: …………………………………………

Contact Email Address: ……………………………………………....

Role: …………………………………………………………………….

Signature: ………………………………………………………………

Date: ………………………………………………………………….....

**Internal Clinical Supervisor:**

Name: ……………………………………………………………..........

Contact Telephone Number: …………………………………………

Contact Email Address: ………………………………………………

Signature: ………………………………………………………………

Date: …………………………………………………………………….

**External Clinical Supervisor**

Name: …………………………………………………………………..

Contact Telephone Number: …………………………………………

Contact Email Address: ………………………………………………

Signature: ………………………………………………………………

Date: …………………………………………………………………….

**Student:**

Name: …………………………………………………………………...

Student Number: ……………………………………………………….

Contact Telephone Number: ………………………………………….