

## APPLICATION FORM

### 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, BPC)

Organisation	Registration Number	Date of first registration



**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     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.

**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).

**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

## 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: .....

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**Do you consider yourself to have a disability or health condition?**

Yes  No  Prefer not to say

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**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

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**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: .....

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**What is your current working pattern?**

Full-time  Part-time  Prefer not to say

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**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:.....

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**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