



**PLACEMENT APPLICATION FORM**

Date of Completion of Form .....

Manchester Institute of Psychotherapy is committed to the safeguarding of adults, children, young people.

**All candidates will be required to go through a DBS check prior to seeing placement clients. MIP will help you with this. It takes approximately 3 weeks. Details on our website at <https://mcpt.co.uk/category/disclosure-barring-system-dbs/>**

Please note: successful applicants will need to be responsible for managing their own supervision with regards to their placements.

DO NOT SEND CVs OR COVERING LETTERS.  
ONLY THIS DOCUMENT IS USED TO ASSESS EACH APPLICANT

*Please ensure you answer ALL the questions and complete the form in black ink or typescript*

**PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

SURNAME..... OTHER NAMES .....

ADDRESS.....

.....POSTCODE .....

TELEPHONE Daytime ..... Evening.....

Email ..... Mobile .....

**QUALIFICATIONS AND TRAINING**

Please include all relevant qualifications obtained and other courses attended, both past and present. Please start with the most recent first.

Course/Qualification	Establishment	Date

Continue on next page if necessary:

**The Manchester Institute For Psychotherapy**

454 Barlow Moor Road Chorlton, Manchester. M21 0BQ  
Tel: 0161 862 9456 • www.mcpt.co.uk • Email: bob@mcpt.co.uk

Bob Cooke BA T.S.T.A. Principal Director



**EXPERIENCE AND SKILLS**

Please provide evidence of your experience and skills and what you will bring to the role of volunteer psychotherapist. Please refer to the enclosed Job Description. You can use your experience from any paid or voluntary role. *Please use a separate piece of paper if necessary.*

**REHABILITATION OF OFFENDERS ACT 1974**

Because of the nature of some aspects of the work which you may in due course undertake on behalf of the Manchester Institute for Psychotherapy, this position is exempt from the provision of Section 4(ii) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, and you are therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act and, in the event of appointment, any failure to disclose such convictions could result in the withdrawal of approval to work within the Manchester Institute for Psychotherapy.

Have you ever been convicted of a criminal offence, or are at present the subject of criminal charges?

YES / NO

If YES, Please give details below:

Signature: ..... Date: .....

***NB If applying online, you will need to sign here if you are invited to interview***

I confirm that to the best of my knowledge the information given in this application is correct and true.

Signed ..... Date: .....  
*NB If applying online, you will need to sign here if you are invited to interview*

Please EMAIL your completed application form to: [bob@mcpt.co.uk](mailto:bob@mcpt.co.uk)

OR BY POST TO:

Manchester Institute for Psychotherapy, 454 Barlow Moor Road, Chorlton-cum-Hardy, Manchester, M21 0BQ.

*Important: Please complete the equality & diversity monitoring form and your availability and return them with this application (see pages 5, 6 and 8)*



## **VOLUNTEER PSYCHOTHERAPIST**

### **JOB DESCRIPTION**

This section is to let you know what is expected of you on your Student Placement at the Manchester Institute for Psychotherapy (MIP).

1. Offer sessions (2-3 per week). Sessions are 50 minutes.
2. Be available at a regular time each week to provide psychotherapy..
3. Complete all relevant paperwork promptly (assessment, ongoing and ending paperwork).
4. Attend monthly individual supervision. Only in exceptional circumstances will you be able to miss these appointments. It is the responsibility of yourself to get individual supervision.
5. Keep appropriate psychotherapy boundaries with all client work.
6. Adhere to the UKCP – MIP Ethical Framework for Good Practice in all aspects of your psychotherapy for MIP.
7. Be aware of health and safety issues and inform the office staff of any hazards.
8. Know what to do in the event of a fire or other emergency evacuation at MIP.
9. Report any incidents to the office at MIP so that it can be documented in the incident book.
10. Complete all necessary client/student paperwork as required by MIP.
11. Report any safeguarding issues to the office or to the Safeguarding Lead which are Bob Cooke and Stephanie Cooke. Please do not wait for supervision to do this.

### **The Manchester Institute For Psychotherapy**

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Bob Cooke BA T.S.T.A. Principal Director

**Applicants** - Please indicate below which day(s) of the week you will be able to do placements and the time(s) you are available. For logistical reasons please give as many options as possible so that we can accommodate you as far as possible. Please give a broad timeframe (eg 9.00 am to 2.00 pm) rather than 9.00-10.00. You will be able to start at 9.00 am and go up into the evening until 8.00 pm.

Please note that the time allocated to you by MIP will be the same time that we keep you to for the duration of your placement.

First Preference:

Second Preference

Third Preference

**MANCHESTER INSTITUTE FOR PSYCHOTHERAPY**

**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.

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**Gender** Male includes: trans male  Female includes: trans female  Non-binary   
Prefer not to say   
If you prefer to use your own term, please specify here .....

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

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**Age** 16-24  25-29  30-34  35-39  40-44   
45-49  50-54  55-59  60-64  65+   
Prefer not to say

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**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  Please specify .....

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

Questioning unsure

Asexual

Pan sexual

Queer

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 or minor dependant

Primary carer of partner marriage, civil or other

Primary carer of disabled adult (18 and over)

Primary carer of elder person or parent

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

Primary care of sibling

Prefer not to say

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