

PLACEMENT APPLICATION FORM

th
MIP
MID

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

Course/Qualification	Establishment	Date

PRESENT AND PREVIOUS OCCUPATIONS

Start with your current/most recent role, give brief reasons for leaving your most recent job, and explain any significant gaps in your work history. Remember to include both paid and relevant voluntary roles. Please also include any counselling placements you have had, together with your reasons for leaving.

Organisation & Full Postal Address	Role & Reason for Leaving	Dates

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 he Manchester Institute for Psychotherapy, this position of exemp he Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation (Exemptions) Order 1975, and you are therefore not entitled to with which for other purposes are "spent" under the provisions of the Assilure to disclose such convictions could result in the withdrawal of Manchester Institute for Psychotherapy.	ot from the provision of Section 4(ii) of ation of Offenders Act 1974 hhold information about convictions ct and, in the event of appointment, <u>ar</u>
Have you ever been convicted of a criminal offender, or are at present the subject of criminal charges?	YES / NO
f YES, Please give details below:	

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 true.		
Signed		
Please EMA	AlL your completed application form to: 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)



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

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.

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					
			Are you married or	in a civil partı	nership? Yes [
Age 16-24 □ 45-49 □ Prefer not to say □	25-29 □ 50-54 □	30-34 □ 55-59 □	35-39 □ 60-64 □		
What is your ethnic Ethnic origin is not all you perceive you bel	out nationality			It is about the	group to which
White English □ Welsh British □ Gypsy o			ern Irish 🗆 er not to say 🗆		
Any other white back	ground, please	e write in:			
Mixed/multiple ethn White and Black Car Prefer not to say □	ibbean □				
Asian/Asian British Indian ☐ Pakistan Any other Asian back	i □ Bangl				
Black/ African/ Cari African ☐ Caribbe Any other Black/Afric	ean 🗆 Pref	er not to say \Box	ase write in: .		

Other ethnic group Arab □	Drefer not to any \Box
	Prefer not to say □□
, and cancer cannot group, produce announce	
Do you consider yourself to have a consider yourself to have a consider yes □ Please specify	
No □	Prefer not to say □
What is your sexual orientation? Heterosexual □ Gay woman/lesbian Prefer not to say □ Questioning unsu	•
If you prefer to use your own term, plea	ase specify here
What is your religion or belief? No religion or belief □ Buddhist Muslim □ Sikh □ If other religion or belief, please write in	Prefer not to say □ n:
What is your current working pattern	1?
Full-time □ Part-time	□ Prefer not to say □
What is your flexible working arrang	ement?
None ☐ Flexi-time ☐ Annualised hours ☐ Job-share ☐ Homeworking ☐ Prefer not to say ☐	Staggered hours □ Term-time hours □ Flexible shifts □ Compressed hours □ If other, please write in:
Do you have caring responsibilities?	If yes, please tick all that apply
None ☐ Primary carer of Primary carer of partner marriage, civil Primary carer of disabled adult (18 and Secondary carer (another person carried Primary care of sibling ☐	over) \square Primary carer of elder person or parent \square