

APPLICATION FORM

NAME: ADDRESS:	
POSTCODE: TELEPHONE:	EMAIL: MOBILE:
PREVIOUS TRAINING IN PSYCHOTHERAPY OR COUNSE	LLING (INSTITUTION, DATES, QUALIFICATION)
HAVE YOU HAD EXPERIENCE OF PERSONAL THERAPY?	
□ NO □ YES PLEASE GIVE DATES (FROM AND TO):	

REASONS FOR APPLYING FOR THE COURSE (YOUR PERSONAL STATEMENT IS AN IMPORTANT PART OF THE SHORTLISTING PROCESS):

DO YOU HAVE ANY PRIOR EXPERIENCE IN	I NATURE-BASED F	PSYCHOTHERAPY OR SIMILAR?:
HOW DID YOU HEAR ABOUT US:		
□ WEBSITE:□ SEARCH ENGINE:□ TRAINING INSTITUTE:□ ADVERT IN:□ BACP	□ [O[□ WORD OF MOUTH:□ LEAFLET: IN:□ OTHER:
SIGNED:		DATE:
RETURN WITH A COPY OF YOUR CV TO:		JRETHERAPYSCHOOL.COM
SHURILISIED APPLICANTS WILL BE I	NVITED FOR AP	n interview either face to face (London area) or b

SKYPE.

EQUAL OPPORTUNITIES MONITORING FOR M

THIS FORM WILL BE TREATED IN THE STRICTEST CONFIDENCE.

GENDER					
MALE□		FEMALE□	FEMALE		
AGE					
20-29 🗆	30-39 🗆	40-49 🗆	50-59 🗆	60-690	<u> </u>
ETHNICITY					
□ BLACK AFRICE □ BLACK CARIB □ MIXED BLACK □ BLACK OTHER: □ WHITE BRITE □ WHITE EUROP □ WHITE OTHER	BEAN BRITISH SBRITISH SH EAN :	□ A: □ A: □ A □ M	SIAN BRITISH, IN SIAN BRITISH, PA SIAN BRITISH, CH SIAN OTHER: IXED RACE — PLEA! THER — PLEASE SPE	KISTANI INESE SE SPECIFY :	
DO YOU HAVE A	DISABILITY?				
□ N0	□ YES - PLEAS	SE SPECIFY:			
RELIGION OR FA	ATTH				
MY RELIGION I	<u>(</u>):				
□ NO RELIGIO □ RATHER NOT	SAY				