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| Full name: | | |
| Address: | | |
| Date of Birth: | | |
| Contact Details | | |
| Work Tel: | | Home Tel: |
| Mobile:  Please tick this box if you are interested in Minority Ethnic training scholarships: | | E-mail: |
| 1. Name and address of the person with whom you are in therapy/analysis: | | |
|  | | |
| * Frequency: |  | |
| * Duration: |  | |
| * Their training organisation:   *(nb: the Training Committee may contact the therapist/analyst directly for details of training and qualification)* | | |
|  | | |
| 1. Name(s) and address(es) of previous therapist(s) or analyst(s): | | |
|  | | |
| * Frequency: |  | |
| * Duration: |  | |
| * Their training organisation(s):   *(nb: the Training Committee may contact the therapist/analyst directly for details of training and qualification)* | | |
|  | | |
| 1. Have you previously applied for training in psychotherapy with this or any other organisation and with what result? | | |
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| 1. If you are known to any member of the Training Committee please give name(s): | | |
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| 1. Please give the names and addresses of two people who know your work professionally, including a recent supervisor if you have one. Please arrange for both referees to send a reference under separate cover to the administrative secretary (address below) to arrive as soon as possible. No interviews can go ahead until references have been received. | | |
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| 1. Please attach a curriculum vitae. | | |
| 1. In addition to your formal CV please write about yourself and your life and work experience. | | |
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| 1. Why have you applied to train with the Guild of Psychotherapists? | | |
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| 1. Finally, could you please indicate how you learnt about the Guild training? If you saw the training advertised in a publication, please identify which one? | | |
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| ***Please return a copy of this form to the Training Administrator at*** [***training@guildofpsychotherapists.org.uk***](mailto:training@guildofpsychotherapists.org.uk) ***and send the £150 administration fee by BACS payment to: CAF Bank Ltd, Account: The Guild of Psychotherapists, Sort Code: 40-52-40, Account Number: 00009968, Reference: TR2024-25*** | | |