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| **Name** |       |
| **Address** |       |
| **E-mail** |       | **Mobile** |       |
| **Work telephone** |       | **Work telephone** |       |
| **Profession/ job title** |       |

**Please give brief details of education and training:**

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|       |

**Please give a brief (250 words max) reason as to why you are applying for this course:**

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|       |

**Please indicate here if you are interested in Minority Ethnic training scholarships:**

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**Finally, could you please indicate how you learnt about the course? If you saw an advertisement in a publication, please identify which one.**

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| I consent that my contact information (e-mail) may be shared with other successful applicants of this course.**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name:**      **Date:**       |

**Please return this form to** **training@guildofpsychotherapists.org.uk** **and make a BACS payment for the £20 administration fee to:**

CAF Bank Ltd,

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Sort Code: 40-52-40,

Account Number: 00009968,

Reference: FREUD2024