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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**](mailto:training@guildofpsychotherapists.org.uk) **and make a BACS payment for the £20 administration fee to:**

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