



SCHOOL OF PSYCHOTHERAPY & COUNSELLING PSYCHOLOGY

Application Form

Personal Details

Surname/Family Name:		Title: Dr / Mr / Mrs / Miss / Ms
First Name(s):	Date of Birth: (DD/MM/YY)	
Address:		
Postcode:	Email:	
Telephone (day):	(evening):	Mobile:
Nationality:	Country of permanent residence:	

Course Details

<input type="checkbox"/>	Foundation: One-Year Course	Start date: _____
<input type="checkbox"/>	Foundation: Winter Intensive Course	Start date: _____
<input type="checkbox"/>	Foundation: Autumn Intensive Course	Start date: _____
<input type="checkbox"/>	Foundation: Spring Intensive Course	Start date: _____
<input type="checkbox"/>	Foundation: Summer Intensive Course	Start date: _____
<input type="checkbox"/>	Foundation in Psychology	Start date: _____
<input type="checkbox"/>	MA in Psychotherapy and Counselling	Start date: _____
<input type="checkbox"/>	Post-Graduate Diploma in Psychotherapy and Counselling	Start date: _____
<input type="checkbox"/>	Diploma in Cognitive-Behavioural Therapy	Start date: _____
<input type="checkbox"/>	Advanced Diploma in Integrative Psychotherapy	Start date: _____
<input type="checkbox"/>	Advanced Diploma in Existential Psychotherapy	Start date: _____
<input type="checkbox"/>	MPhil/PhD in Psychotherapy and Counselling	Start date: _____

Post-Secondary School Academic Qualifications

Institution:		
Address		
Dates: From	to	
Degree/Qualification:	Subject:	Grade:
Institution:		
Address		
Dates: From	to	
Degree/Qualification:	Subject:	Grade:

Psychotherapy / Counselling / Counselling Psychology Training

Institution:		
Address		
Dates: From	to	
Qualification:		
Institution:		
Address		
Dates: From	to	
Qualification:		

Professional / Voluntary Counselling / Psychotherapeutic Work experience

Institution/Organisation:

Address

Dates: From _____ to _____

Details:

Please state if paid / voluntary / honorary:

Own Therapy

Full name of therapist:

Therapist's address:

Therapist registered with: *please tick* UKCP BCP BPS BACP other please state:

Therapy dates. From: _____ To: _____ Total hours: _____

Membership of Professional Organisations

Autobiographical Statement

Please supply on a separate sheet, a brief description of any experience you have had – in voluntary work or through your employment – which involved: experience in mental health environments, interpersonal skills, building a helping relationship, using counselling skills, etc. Please also describe what in your personal background and future aspirations motivates you to undertake this course. Include any other information relevant to your application.

For MA/PGDip, DCounsPsy and Advanced Diploma applicants this should be three to five type-written sides of A4; for Foundation Courses at least one side of A4.

Have you made any previous applications to, or attended any courses at the School

No Yes If yes which courses and when

Title of Course: _____ Date: _____

References

- Foundation Courses:** 1 reference
- DCounsPsy:** 2 references (1 of these references should be a foundation course leader or psychologist)
- MA/PGDip Courses:** 2 references (1 of these references should be a foundation course leader or equivalent in psychotherapy and counselling)
- Advanced Diploma Courses:** 2 references (**For internal SPCP students these should be two of your supervisors from the MA/PGDip**)
- MPhil/PhD:** 2 references

Each reference should indicate the nature and duration of the relationship between referee and applicant and should also include a comment on the applicant's academic and professional ability with regard to the course applied for.

It is your responsibility to approach your referees to request references; each should be sent under separate cover, directly to the School. Interviews will only take place once references have been received.

Please state the names of the people you have asked to act as referees for you

Name of first referee

Position

Address

Name of second referee

Position

Address

Emergency Information

In the event of your being taken ill or involved in an accident who should be notified?

Name _____

Telephone _____

Availability _____

Personal Data

All personal data is held confidentially by the School. Information provided by and concerning applicants and students is held by the School in its original format and is processed for the purposes of administration and management of applications, student records, progress and support in accordance with the Data Protection Act 1998. Validating/accrediting institutions will receive relevant data concerning students registered on their courses.

Payment of Course Fees

Students are personally responsible for the payment of course fees and it is a condition of enrolment that all fees should be paid by the due date. The registration of any student who is in debt to the School may be terminated.

Deposits, registration fees and tuition fees are not refundable. **Students should note that, where only part of the course is attended, including the first week, they are nevertheless liable for the full fee for that term/course.**

Declaration

I confirm that the information contained in this application is correct to the best of my knowledge

I give consent for the processing of my data by the School of Psychotherapy and Counselling

I understand that my enrolment and registration are subject to the current regulations

Applicants signature _____ Date _____

Supporting Materials

Please supply the following materials along with the completed application form

Where photocopies of relevant professional and academic diplomas are unavailable applicants should request an official transcript to be sent from the university or college which awarded the qualification directly to the School.

FOUNDATION COURSES

1. A recent Curriculum Vitae
2. Two recent passport size photographs
3. Autobiographical statement
4. Application fee £50.00. **Not applicable for the Foundation in Psychology course.**
5. Proof of Nationality, i.e. Copy of a national identity card or passport.

MA/PGDip COURSE

1. A recent Curriculum Vitae
2. Two recent passport size photographs
3. Autobiographical statement
4. Application Fee of £75.00
5. Photocopies of relevant professional and academic diplomas
6. Proof of Nationality, i.e. Copy of a national identity card or passport.

DCOUNSPSY

1. A recent Curriculum Vitae
2. Two recent passport size photographs
3. Autobiographical statement
4. Application Fee of £75.00
5. Photocopies of relevant professional and academic diplomas
6. Proof of BPS membership and GBR.

7. Proof of Nationality, i.e. Copy of a national identity card or passport.

ADVANCED DIPLOMA COURSES

1. A recent Curriculum Vitae
2. Two recent passport size photographs
3. Autobiographical statement
4. Application Fee of £75.00
5. Photocopies of relevant professional and academic diplomas
6. A brief Case Discussion that gives an example of your clinical work
7. Proof of Nationality i.e. Copy of a national identity card or passport

MPHIL/PHD

1. A recent Curriculum Vitae
2. Two recent passport size photographs
3. Autobiographical statement
4. Application Fee of £124.00
5. Photocopies of relevant professional and academic diplomas
6. A formal proposal detailing the proposed type of research, suitable background material and broad research strategy and focus under proposal (between 1-2 thousand words)
7. Proof of Nationality i.e. Copy of a national identity card or passport

Please send this application form, all supporting materials and payment (where stated) to:

Applications, School of Psychotherapy and Counselling Psychology, Regent's College, Inner Circle, Regent's Park, London NW1 4NS

Cheques should be made payable to: Regent's College

Application fees are non-refundable under any circumstances

Interviews will take place as applications are made and places allocated to suitable candidates

The School aims to notify applicants of the result of an interview within 7 working days

The offer of a place is secured by the student's payment of the non-refundable Registration Fee

Equal Opportunities Monitoring Information

Information on this page is requested for statistical and monitoring purposes. This data will be stored confidentially by the School and may be used in statistical returns to the School's validating institutions. It will not be used in the consideration of your application.

Ethnic Origin

Please tick the code from the list below which best describes your ethnic origin. (Codes listed are from the 1991 Census)

- | | |
|---|---|
| <input type="checkbox"/>]11 White – British | <input type="checkbox"/>]34 Chinese or other ethnic background - Chinese |
| <input type="checkbox"/>]12 White – Irish | <input type="checkbox"/>]39 Other Asian background |
| <input type="checkbox"/>]19 White – other White background | <input type="checkbox"/>]41 Mixed - White and Black Caribbean |
| <input type="checkbox"/>]21 Black or Black British - Caribbean | <input type="checkbox"/>]42 Mixed - White and Black African |
| <input type="checkbox"/>]22 Black or Black British - African | <input type="checkbox"/>]43 Mixed - White and Asian |
| <input type="checkbox"/>]29 Other Black background | <input type="checkbox"/>]49 Other mixed background |
| <input type="checkbox"/>]31 Asian or Asian British - Indian | <input type="checkbox"/>]80 Other ethnic background |
| <input type="checkbox"/>]32 Asian or Asian British - Pakistani | <input type="checkbox"/>]90 Not known |
| <input type="checkbox"/>]33 Asian or Asian British - Bangladeshi | <input type="checkbox"/>]98 information refused |

Disability

Please tick the code from the list below that is most appropriate to you

- | | |
|---|---|
| <input type="checkbox"/>]00 You do not have a disability | <input type="checkbox"/>]06 You have mental health difficulties |
| <input type="checkbox"/>]01 You have dyslexia | <input type="checkbox"/>]07 You have an unseen disability, e.g. diabetes, epilepsy, asthma |
| <input type="checkbox"/>]02 You are blind / partially sighted | <input type="checkbox"/>]08 You have two or more of the above disabilities / special needs |
| <input type="checkbox"/>]03 You are deaf / have a hearing impairment | <input type="checkbox"/>]09 You have a disability not listed above |
| <input type="checkbox"/>]04 You are a wheelchair user / have mobility difficulties | |
| <input type="checkbox"/>]05 You need personal care support | |

Marketing Information

Where did you hear about the School / course?

-] Advert in newspaper / magazine / journal *please specify* _____
-] Friend or colleague
-] A graduate of the course
-] School Website
-] Other Website *please specify* _____
-] A tutor who teaches on the course
-] I am a current student
-] other - please state: _____

] I have attended an Informal Advisory Meeting at the School

What course do you intend to study: _____

Why are you taking this course:

-] to work towards UKCP Registration
-] to work towards BPS Accreditation as a Chartered Counselling Psychologist
-] to work towards BACP Accreditation as a Counsellor