Please complete all sections of this form in full.

Incomplete applications may not be processed.

**Section 1: Course Application**

Please select the course you are applying for (double click check box):

Foundation Programme

Diploma in Psychosexual and Relationship Psychotherapy (COSRT qualifying course)

Advanced Diploma in Psychosexual and Relationship Psychotherapy

**Section 2: Personal Information**

|  |  |
| --- | --- |
| Full Name: |  |
| Date of Birth: |  |
| Nationality: |  |
| Address and postcode: |  |
| Phone Number: |  |
| Email Address: |  |

|  |  |
| --- | --- |
| Gender: |  |
| Preferred pronouns: |  |

|  |  |
| --- | --- |
| Current Occupation: |  |

**Section 3: Educational Background**

Highest Level of Education Completed:

|  |  |
| --- | --- |
| Title of award: |  |
| Grade: |  |
| Institution: |  |
| Date started: |  |
| Date completed: |  |

Relevant Qualifications:

(Include any psychotherapy, counselling, or psychology qualifications)

|  |  |  |
| --- | --- | --- |
| Qualification | Provider | Date |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 4: Professional Experience**

Core Profession:

(Please specify your core profession, e.g., Counsellor, Psychotherapist, Psychologist, Medical Doctor, Nurse, Social Worker, Midwife, Social Worker, Teacher etc.)

Current Professional Registration:

(Please list your registration with any professional bodies, e.g., BACP, UKCP, HCPC and membership number)

Clinical Experience (for talk therapists):

Total hours of supervised clinical practice:

Brief description of your clinical experience:

Name of Supervisor:

**Section 5: Personal Therapy**

Personal Therapy Undertaken:

(Please indicate if you have completed or are willing to undertake personal therapy as part of your training. Include details such as the type of therapy, duration, and frequency.)

|  |  |
| --- | --- |
| Type of Therapy (individual, couple, group etc) |  |
| Modality (Humanistic, Relationship, Group Analytic etc) |  |
| Hours |  |
| Date stared and ended (or ongoing) |  |

**Section 6: Supporting Documents**

Please attach an up to date CV

Please attach copies of relevant academic transcripts

References:

Reference 1 (Preferably academic):

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Email address: |  |

Reference 2 (Preferably Professional or Employment):

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Email address: |  |

Personal Statement:

(Please provide a personal statement, of no more than 1000 words, outlining your interest in psychosexual therapy, relevant experience, and career aspirations.)

**Section 7: Fitness to Practice Disclosure**

Criminal Record:

Do you have any convictions, cautions, reprimands, or warnings? (Yes/No):

If yes, please provide details:

Ongoing Investigations:

Are you currently under investigation by any professional body, the police, or social services? (Yes/No):

If yes, please provide details:

Health Declaration:

Do you have any health conditions that might affect your ability to practice as a psychosexual therapist? (Yes/No)

If yes, please provide details:

**Note:** Providing false or misleading information, or failing to disclose relevant details, may result in the withdrawal of an offer or termination of training.

**Section 8: English Language Proficiency**

Is English your first language? (Yes/No)

If no, please provide your IELTS score or equivalent:

(Please attach relevant documentation)

**Section 9: Accreditation of Prior Experiential Learning (APEL) (Optional)**

Are you applying for APEL? (Yes/No)

If yes, please provide details of prior learning or experience:

(Attach relevant certificates, course descriptions, professional experience summaries, etc.)

Once received an APEL meeting will be held after admissions interviews to discuss further.

**Section 10: Declaration**

I declare that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any false statements or omissions may lead to the withdrawal of my application or the termination of my place on the course.

Signature:

Date:

Submission Instructions:

Please submit this completed form along with all supporting documents to info@instituteofpsychosexualpsychotherapy.org